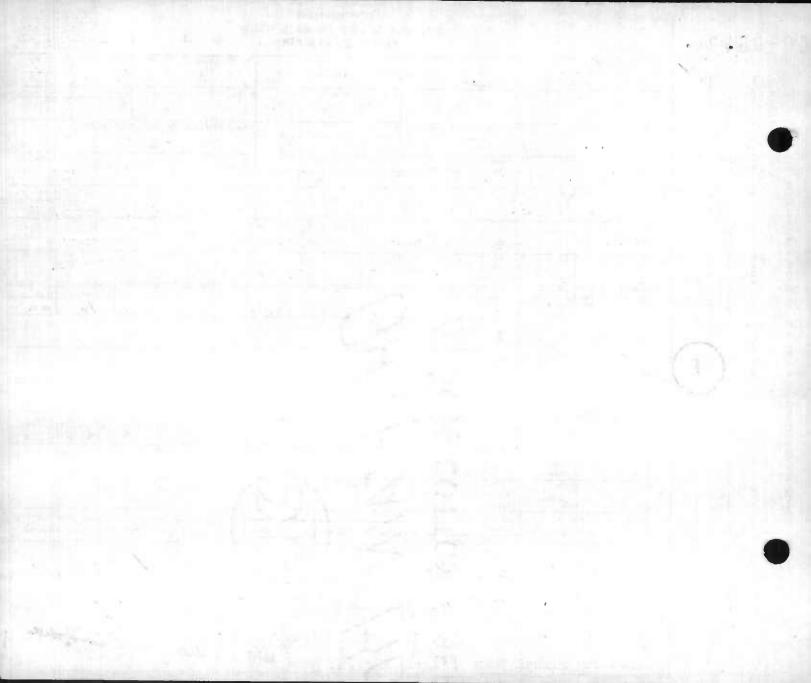
Annapolis, Md.

(VR A 15 (4)) 9/74



Glen Burnie, Maryland

Singleton Funeral

(VRA 15, 4)

Home

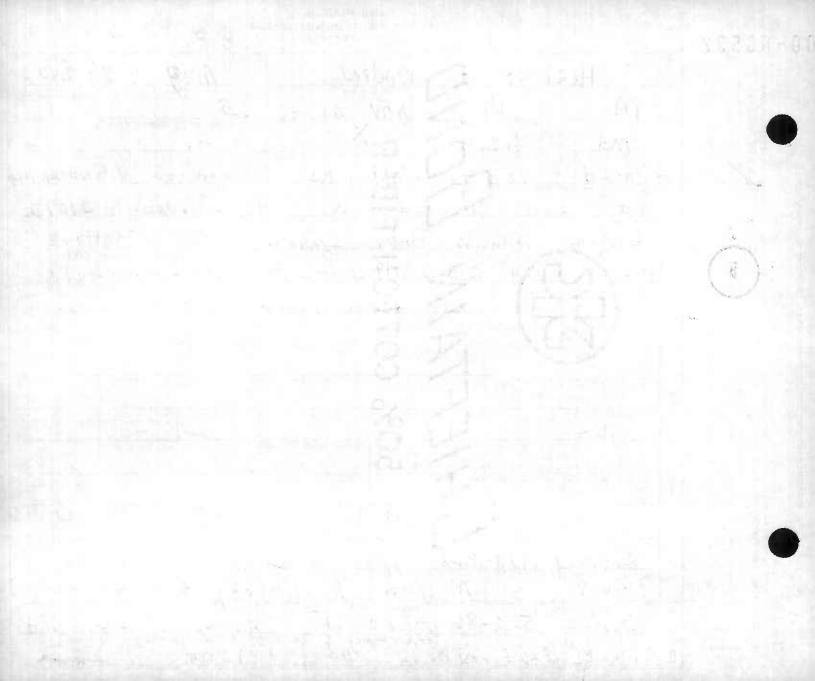
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Land Pr Ge P'S NAME FIRST SEPH WI DECEASED EVER IN U.S. AR. OF UNKNOWN) (IF YES, GIV - CAUSE OF DEATH LENTER O	MIDDLE ILLIAM AT	DUNTRY? 8. MARRIE WIDOW L, NURSING HOME GIVE STREET ADDRESS) VALESCENT ENCE BEFORE ADMISSION) OR TOWN WIE LAST USTIN CIAL SECURITY NO10-6069	nber 2, 1902 NEVER MARRIED DIVORCED DIV	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Freight Tre 13a STREET ADDRESS 3909 New AME MIDDLE MARY ADDRE	1986 RIHDAY) IF UNDER WONTHS YRS PR COUNTY OF DEA DE COUNTY OF	MD. IND OF BUSINESS OR ISTRY Railroad T. A-11 2071 LAST
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hington, DC R TOWN OF DEATH f ton SIDENCE (IF NURSIN Land Pr Ge Pr SNAME FIRST SEPH Wi DECEASED EVER IN U.S. AR O OR UNKNOWN) (IF YES. GN CAUSE OF DEATH LENTER ON ART I. DEATH WAS CAUSE	USA 1. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, CROST ON CONT OTHER INSTITUTION GIVE RESIDE NTY BOTGE'S MIDDLE 111iam An AMED FORCES? VE WAR OR DATES) To DBY: TE CAUSE (0)	MARRIE MA	DESCRIPTION DIVORCED DIV	Anne Arund 12a USUAL OCCUPAT (1YPE OF WORK FOR MOST C Freight Tre 13a STREET ADDRESS 3909 New J AME MIDDLE MARY ADDRE	DE COUNTY OF DEA del County ION 12b. k DE WORKING LIFE I INDU Affic Exp. / ZIP CODE Haven Cour La ESS as 13e.	MD. IND OF BUSINESS OR ISTRY /Railroad t A-11 207
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DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOTE		
ONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	RT 2)
INJURY OCCURRED	21e. PLACE OF INJUR	Υ	21f. LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
certify that (I) (this hospin	11/W 14	10 10	, 17	death occurred on the do	19 86 ond hour and from	, that (I) (worldst
SIGNATURE MKa	nen		ATTENDING . PHYSICIAN	MEDICAL STAF	1	ay 14, 1986
			22e ADDRESS Suite	e 222		D 20715
Υ)		Metropo	litan Cremato	23d. LOCATION CITY OR TOWN OTY Alexandr	county	state Ax Virginia GNATURE
	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DELETHER NOTIFY MEDICAL EXAMINES INJURY OCCURRED AT WORK certify that (I) (this hospication of the decease of the obove, (I) was ideal (iden no signature) PHYSICIAN'S NAME (TYPE CAUSE) MODARAK KA	DATE OF OPERATION 196 CONDITION FO ACCIDENT WAS UNDERLYING 216. TIME OF INJURY CONTRIBUTING CAUSE OF DEATH HOUR A.M. MOI P.M. INJURY OCCURRED 21e. PLACE OF INJUR (AT HOME STREET FACTOR Certify that (1) (the hospital) attended the decease sow the deceased olive on obove, (1) (the decease) SIGNATURE PHYSICIAN'S NAME (TYPEOR PRINT) MODARAK KATIM, M. D. L, CREMATION, REMOVAL 23b. DATE 19 19 19 19 19 10 10 10 10 10	DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? YES NOW	DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 20b 15 YES WERE FIN CERTIFYING CAYES NOW YES NOW NOTHING CAYES AND NOTHING THE RESTRICT PARTIES AS AUTOPSY? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 19 10 10 10 10 10 10

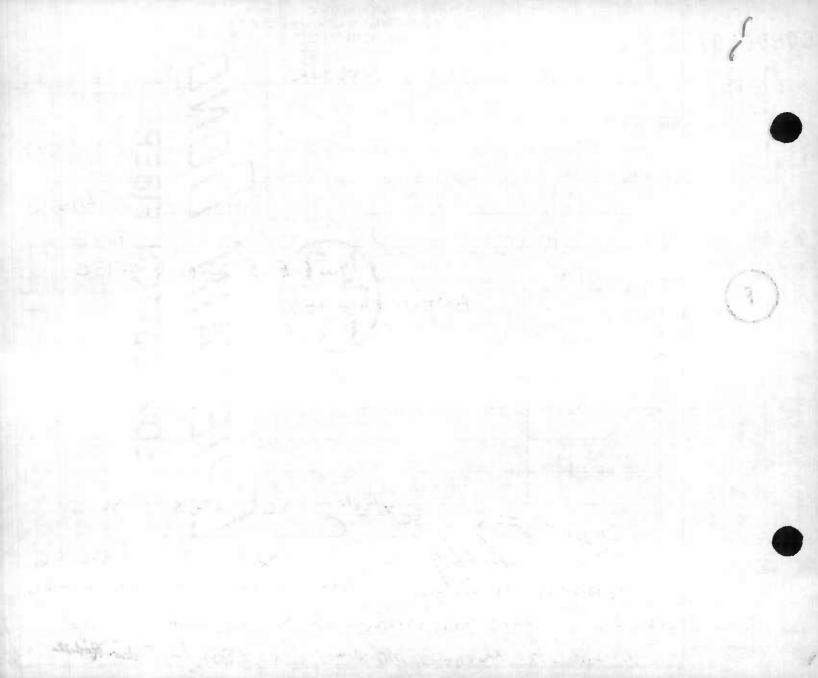
STATE OF MARYLAND

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	1			STATE OF MARYLAND		
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00-07383	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	1 600
	1. DE	CEASED NAME FIRST	MIDDLE	tast .		
2 2	(TYPE	ORPRINT)	. i k	BAMBRIOGE		5 17 86 8 AM
6 66	1.56		4. RACE	5. DATE OF BIRTH	& AGE LIN YEARS LAST BIRT	
ge 4 m	1	Male	White	MONTH DAY YEAR 1	52	MONTHS DAYS HOURS MIN.
4 1 1 W	10.8	n9/and	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Gone Co	R COUNTY OF DEATH
	10.0	TY DE TOWN OF DEATH	11. NAME OF HOSPITAL NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE TYPE OF WORK FOR MOST O	ON 126 KIND OF BUSINESS OR F WORKING LIFE) TO DUSTRY
a noth	4	AL RESIDENCE OF HURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	Engineer	LIECTIONIC'S
CON DEPT	5 in 1	M PA	4. Vicity or to	YES NO 1	13e STREET ABORESS	1 St. 21403
d w	12	THER'S NAME FIRST TAME	MIDDELLES ROLLAS	15 MOTHER'S MAIDEN NA	Paret MIDDLE 1	Pitkin LAST
BALTIMORE, A corte be execute ysieran and con apers. Pages le vol.	16a V		MED FORCES? 166 SOCIAL SEC	CURITYNO. 17. INFORMANT	RADDRE RADDRE	La. 1- #13
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fig h		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), one COUSE (a)	ad Caeum		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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201 es the		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1/15
	Z	TAKE 2 OTTEK SIGNIFICATOR	CONTINUE CONTRIBUTING IC	DEATH BOTHOT RELATED TO THE TERM	MINAL DISEASE ON COM	SHOW GIVEN WAY ART THE
RECORDS, no. required in the sign of the	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAI The The Fish of the Figure 1 to 1 t	4 5	71g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES NO
AN: obbysi ifico	3	OR CONTRIBUTING CAUSE OF DE	LICIUS A M. MONITH		RED (ENTER NATURE OF INJUR	TIN HEM 16 PART I OR PART 2)
SICIA SICIA ng ph certifi certifi kental	N S	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
DIVISION OF ORDER TO PHYSICIA To another this certificate this certificate the buriol-th and Mental orked or them	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM ETC.)	CITY OR TO	WN COUNTY STATE
O O O E		220.1 certify that (this hosp	tal) attended the deceased from	19.25	, to	1) 1986 , that (It (we) lost
TOR TOR		sow the deceased alive on		86, and that in (my) (our) opinion	death accurred on the do	ote and hour and from the causes stated
REC REC PPT.		22b. SIGNATURE	at) view the body after death.	DEGREE		22c DAIR SIGNED
the Description		AD UN	lan-	ATTENDING PHYSICIAN	MEDICAL STAF	
HOSPITAL ned by th FUNERAL old be det othe State	-	270 PHYSICIAN'S NAME (TYPE O	OR FRINT)	22e ADDRESS	J DIRECTOR CONTINUE	
		S.P 1/2	trins	Frank	-lu I +11	mambe M.
Shoot Shoot	73n F	SURTAL, CREMATION, REMOVAL	23b. DATE / 23c	NAME OF GEMETERY OR CREMATORY	TIM-LOCATION	ma point, e
BP	1	- TEMATION, REMOVAL	5/0/86	Celar Hill	Set Zul	Pope May
DHMH - 16 50M 4/83	24 E	MERAL PIRECTOR	10/1 / 1	250. DA	TE REC'D, BY REGISTRAR	756. REGISTRAR'S SIGNATURE
(VRA 15, 4)	1/-	Vas Hineral	(hzpel Ph)	MaplesMI	1AY 132, 1986	of www.destandings.



Funeral Home, Mt. & Tickneck

DHMH - 16 60M 7/B4

(VRA 15, 4)

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FOR

DHMH - 16 60M 7/84

(VRA 15, 4)

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Burial Davidsonville 5-27-86 Lakemont 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATUS 24 FUNERAL DIRECTOR Hardesty Annapolis Md. 21401

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

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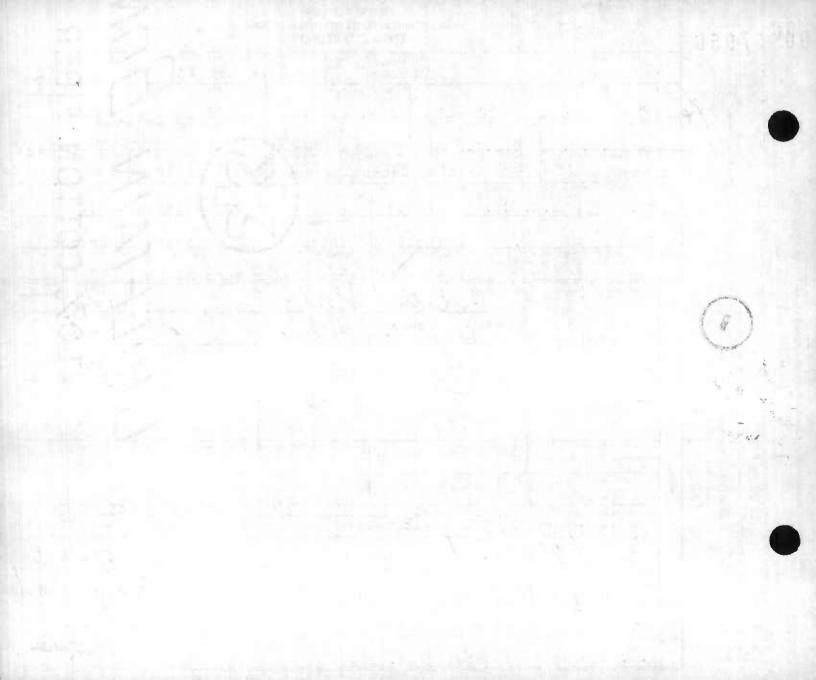
12h. KIND OF BUSINESS OR

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IF UNDER 24 HRS





FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKTIF	ICATE OF DEATH	REG. N	10.		67
	DECEASED NAME FIRST		MIDDLE	· · ·	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
1	Sach	, Be	rKow	1+2		MAY	\$ 31	38	8 , b w
3	SEX	4 RACE		5. DATE C		6 AGE (INYEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS
L	EMALE		HITE	MONTH	DAY YEAR	94	YRS	DAYS DAYS	HOURS MIN.
- Ta.	. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	F DEATH	
1	MARYLAND	US		WIDOWE	DIVORCED [ANNE AR		OUNTY	MD.
1	GLEN BURNIE	(IF NOT IN SUC NOR	TH ARUNDE	L HOS	PITAL	120 USUAL OCCUPATE OF WORK FOR MOST HOUSEWI	OF WORKING LIFE)	INDUSTRY	HOME
	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR MARYLAND		GIVE RESIDENCE BEFORE 131. CITY OR TOW BALTIMO	N	13d Inside City Limits? Yes []X no []	13e STREET ADDRESS 4001 CLA	ZIP CODE	APT.2 21	212 .215
1	FATHER'S NAME FIRST SAMUEL	MIDDLE	KLINE		15. MOTHER'S MAIDEN NA FIRST ANNA	ME		CAPLA	Ň
15	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT N	RS. MIRIAM	RE LANS BE	RG AF	T. 108
1	NO (IF YES GI	E WAR OR DATES!	216-12-	85361	840 MONROE S	ST. ANNAPO	LIS, MD	2140)3
	18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b), one	d (C)				APPROXI	MATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	Doven	on	NIa				
			R AS A CONSEQUE	NICE OF					10-130
	Conditions, if ony, which	(, ,)	C C 2	- E	Rusal si	Fas	en		
	gove rise to immediate couse (a), stating the	, , ,							
П	underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	NDITION GIVE	V IN PART 1:0	
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CEPTIEICATION	19a. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
1 5						YES NO	YES		NO 🗆
	00.00.000000000000000000000000000000000	110110 1	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T I OR PART 2)	
3	(IF EITHER NOTIFY MEDICAL EXAMINE	NI II		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
13	WHILE NOT WHILE AT WORK	(AT HOME ST	TACTORY, OFFICE F.	ARM EICT		(
	22a. certify that (I) (this hosp	tol) ottended th	e deceased from	210	, 19_86	10	. 15	08	that (I (we) lost
	sow the deceased alive on above, (I) (we) (did) (did no	>13	ofter death	01	nd that in (my) (our) opinion	death occurred on the	dote and hour o	and from the	couses stated
	22b. SIGNATURE	III view the body	oner deom.	-	DEGREE			22c. DATE	SIGNED
1	Nulst B1	Reco	Les	12	ATTENDING PHYSICIAN	MEDICAL STA	AFF	61	V6
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e. ADDRESS	1 0 ~		1.10	
	Robert	200	Drick		95 ACU	co Land	50		
23	a BURIAL, CREMATION, REMOVAL	123h DATE	1 23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	a BURIAL, CREMATION REMOVAL BURIAL	JUNE 2	,1986 H	IEBREV	FRIENDSHIP	BAŁTIM	ORE	COUNTY MA	RYLAND
24	FUNERAL DIRECTOR SOL LI	VINSON	& BROS.,	INC.	25a DAT	E REC'D. BY REGISTRA	R 25b. REGISTRA	AR'S SIGNAT	URE
	6010 REISTERSTO	OWN RD.	BALTO.,	MD	21215 JU	N 4 1986	Fulia Day	ridson-H	indelle

DHMH - 16 60M 7/84 (VRA 15, 4)

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1		STATE OF MARYLAND
2110	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 8 2
0110		REG. NO.
m =		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 520, DATE OF DEATH MONTH DAY YEAR 26 HOUR 520, DATE OF DEATH MONTH DAY YEAR 26 HOUR
e Bood	CEN	
3 offer	l. SE)	Female white 5. Date of Birth Month / Day / YEAR 6. AGE (IN YEARS LAST BIRTHDAY) K IF UNDER 1 YEAR IF UNDER 24 H MONTH / DAY / YEAR MONTHS DAYS HOURS M
P 1 1		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8
6	No	CID JETSEU USD WIDOWED DNORGED HOOP, Hrundel
32	D. CI	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS I (TYPOF WORK FOR MOST OF WORKING LIFE) INDUSTRY CO.
-	ISIL	In apoll's Hone Hrundel General Hospital Ketired. [reacher
20	13a. S	STATE 136 COUNTY 13 CITY OR TOWN 134. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE
401	4. FA	ATHER'S NAME 15 MOTHER'S MAIDEN NAME
1921		George E. Fulton Mary Ransey
18	60 V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
nedi:	{/	(YK TO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-36-1056(1)111 & P. Bilderback.
e/\=		18 CAUSE OF DEATH (Enter only one couse per line fog (o), (b), and IC.: APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		PARTI DEATH WAS CAUSED BY Septic shock
B 1		DUE TO, OR AS A CONSEQUENCE OF
10 m		Conditions, if any, which (b) Penreefal abscess
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
5. €	tr.	underlying cause last.
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
in in	O	Shock lung Chiese intolerance Serve metabole ac dosis UrivARY IN
prior 2	CERTIFICATION	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ie ne	TIF	YES NO YES NO
Mental Hyg	B	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
Item Tempo	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE
morked	2	WHILE AT WORK AT WORK
ê e		220.1 certify that (1) this haspital) attended the deceased from 5/26, 19 86, to 5/27, 19 86, that (1) (we)
21 is		sow the deceased alive on
tem tem		276 SIGNATURE) DEGREE 270 DATE SIGNED
		ATTENDING MEDICAL STAFF
00		CANAL DE BUYERSIAN DODECTOR BUYERSIAN DE 2018
0		22d PHYSICIAN S NAME (TYPEFOR PRINT) 22d ADDRESS 22d ADDRESS
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MPORTANT: If	73a B	22d PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 1 3/27/8 & 27d PHYSICIAN SNAME (TYPE GREEN) ANTHONY J. CALABRESE 171 DEFENSE TWY ANAP. MD 214
hould be detact	23a. B	22d PHYSICIAN S NAME (TYPE OF PRINT) 22d PHYSICIAN S NAME (TYPE OF PRINT) 22e ADDRESS

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FUNERAL should be dei (VRA 15, 4)

DHMH - 16 60M 7/84

Annapolis, Md. WILLIAM REESE & SONS MORTUARY. P.A.

23b DATE

6-4-1986

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY EBENEZER A.M.E.

23d LOCATION

Galesville

COUNTY

STEWART

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

22c. DATE SIGNED

STATE

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR

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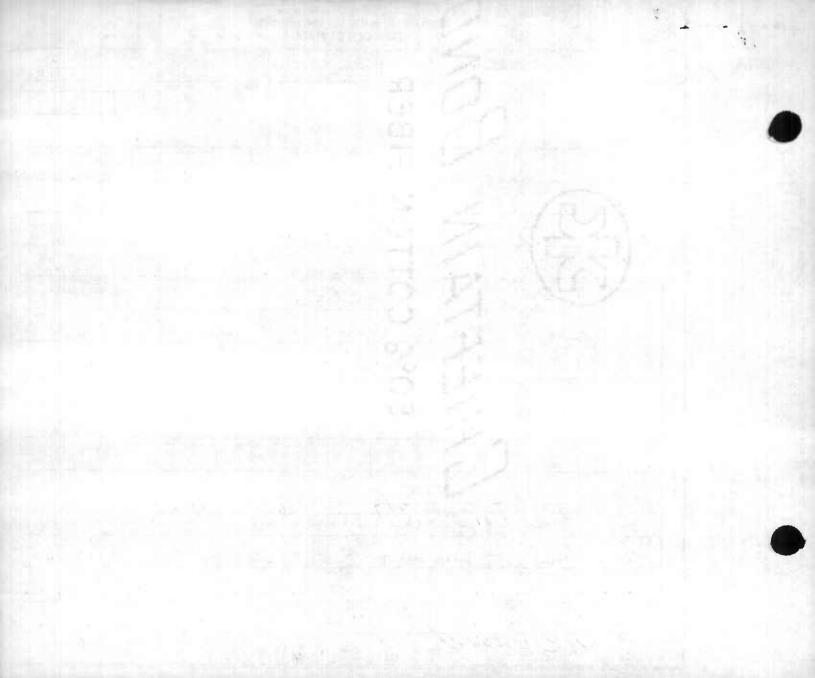
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0 07070	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	2825
0-07376	REGISTRAR	MIDDLE LAST	REG. NO.	
be eoth	DECEASED NAME FIRST TYPE OR PR. C. T.		May 20, 1986	7 8. M
ge 4 may be	Female Whi	E 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	UNDER I YEAR OF UNDER 24 HRS
oth. Page errol direct	COUNTRY)	IZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF	
ofter de within sed within	CITY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 29 Atta Watch Way Lothian, Md	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY US GOV t
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	SUAL RESIDENCE (IF NURSING IN A CHART STATE Maryland Prince	NSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMIT Geon's Upper Mariborio no 🔀	(S? 13e. STREET ADDRESS 1206 Torrington	P1 772
MARYL ompletely ompletely ond 2 s	FATHER'S NAME FIRST John L. O'Day		de M. Embert	LAST
res that the contribute be exempled to the contribute of the contr	(YES TOOR UNKNOWN) (IF YES, GIVE NO.		A. Belschner Pittsbur	ergreen Rd. rg, Pa. 15214
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	Multipala Chana	Facher	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate	UE TO, OR AS A SONG POUENCE OF COVCLISON	nization	
	underlying cause lost.	UE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E Broatt TERMINAL DISEASE OF CONDITION GIVEN	IN PART I(g)
		b. Condition for which operation was performed	20g AUTOPSY? 20b. IF YES, W	/ERE FINDINGS USED IG CAUSES OF DEATH?
N OF VITA SICIAN: Thing physicia certificate by viral-transit vental Hygie frem 18 affa	CONTRACTOR CONTRACTOR CONTRACTOR	b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
WISIO G PHY offend this s the b s the b and A ked or	21d INJURY OCCURRED 21	8. PLACE OF INJURY 1. HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pitol or TTOR: A for use of Heal	22a.l certify that (I) (this haspital) at	and that in (my) (our) ap	inion deoth occurred on the date and haur an	nd from the causes stoted
SPITAL OR A J by the hos NERAL DIREC	27h AIGNATURA	DEGREE ATTENDING PHYSICIA	NG MEDICAL STAFF	5 20 86
TO HOSPITAL retoined by the TO FUNERAL Should be detoined with the Store (IMPORTANT: If		22. ADDRESS (675 466	66) 650 Renn. Acc	: #35 Washi
BP	Burial	DATE 23c NAME OF CEMETERY OR CREMATO 25-23-86 Resurrection	Clinton P.G.	STATE VINUO
DHMH-16 30M 2/80 (VRA 15, 4)	Lee Muneral Home In	ac. ClintornessMd. 20735	DATE REC'D. BY REGISTRAR 256. REGISTRAR NAY 22 1086 Line David	7C) 8 866

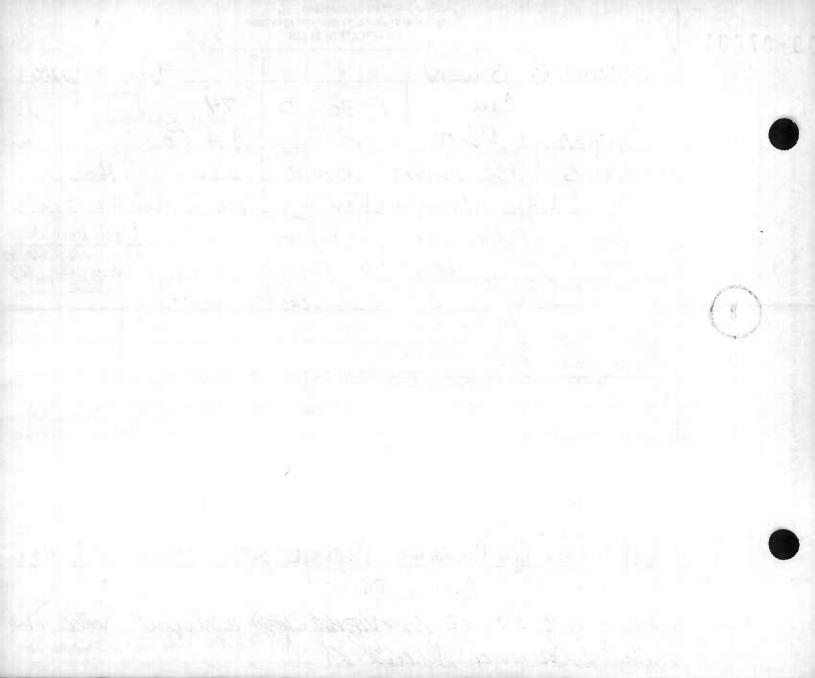
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e m +		OR PRINT)	D'I	1 0	יייע יייע	19 86 PM
may be page 3 ter death	3. SE	Y II	RACE KICHARD	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4	3. 32.	MALE	WHITE	MONTH DAY YEAR 21 24	6/ YRS	MONTHS DAYS HOURS MIN.
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A Paris September 120	13a. S	AL RESIDENCE (IF NURSING HOME OR OT	13 CITY OR TOV		13e STREET ADDRESS / ZIP CO	
	IA FA	THER'S NAME	LO, PIPAR PAR	15. MOTHER'S MAIDEN NA		ERKD 21401
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BALTIMORE, MARK one be executed with recon and complete eners. Pages (and 2 eners.)			(ABOR DATES) (33.23	8739 CHRISTINA	M. Roads	# 13
ALTI Person		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), or	ed (c))	LUCKIEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED I	BY:		avcinouna	9 mos.
No Property of the Property of			DUE TO, OR AS A CONSEQU	ENCE OF		
REST	0	Conditions, if ony, which gove rise to immediate	(b)			
w. W. Gherri	160	couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
010 a manual o 10	1		(c)			
RDS, r	Z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	GIVEN IN PART 110
been prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
TAL RE ICION.	THE		-			TIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \\ \begin{array}
N OF VITA SICIAN: The ng physicic certificate uriol-transit frem 18 short frem 18 sho	NE CE	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURT CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2)
ON OF 4YSICIA ding ph ding ph buriol-tr Mentol	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
O YP SEG S	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	711 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF OUT OF OUT OF OUT OF OUT		22a certify that (I) (this hospital) attended the deceased from	11/22 10 85	5/18	19 86 , that (I) (we) lost
OR ATTEN te hospitol DIRECTOR: oched for us Dept. of He		sow the deceased olive on obove, (1) (we) (did) (did not) v		0 /	death occurred on the date and h	
hosp hosp head the head them	77	27b. SIGNATURE	view the body offer death.	DEGREE		220 DATE SIGNED
그는 그들의		Stuait?	selouich, i	4.0. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/19/86
40 SPITAL from by th FUNERAL vid be der or the State		274. PHYSICIAN'S NAME (TYPE OR PI		27e ADDRESS	C4 //	15 // 1 21205
TO HOSPITA retained by a TO FUNERAL should be de with the State IMPORTANT.		STUDIN E.			n St. Annap	ols. Und. 21205
	230	HRIAL, CREMATION, REMOVAL	5/4 6 230	NAME OF CEMETERY OR CREMATORY	23 OCATION CITY OR TOWN	DIGINTY 194
BP	74 FL	JNERAL DIRECTOR	120/20 (LOAR HILL (REM	TE REC'D. BY REGISTRAR 25b, REGI	ISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	WITH FUNDAN	(Harry of)	MN	0.0	Daviden-April
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0-08396	1	FOR STATE REGISTRAR		DEPA	RTMENT OF	HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	6 REG. NO.	128	2 /
1		CEASED NAME FIRE	ST	MIDDLE		LAST	2a DATE OF D	EATH MONTH	DAY YEAR 21	HOUR .
be eogh	1	Jess:	ie	Belle	1	Bourke		May	11, 19865	:45 P _M
OE TO	3 SE	X	4 RAC	CE		OF BIRTH	6 AGE (IN YEAR	RS LAST BIRTHDAY)		FUNDER 24 HRS
4 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		, Female		White	Aug	ust 26, 1893		92 YRS		OURS MIN.
o 12	70 B	IRTHPLACE (STATE OF FOREIG	N 76 CI1	TIZEN OF WHAT COUNT	RY2 8	ED NEVER MARRIED	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	100
E TO	1	Maryland		USA	WIDOW		_	ne Arund	le1	MD.
10	10 C	ITY OR TOWN OF DEATH		IAME OF HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	12a USUAL OC	CUPATION	12b. KIND OF E	SUSINESS OR
to the state of th	X I	inthicum		F NOT IN SUCH FACILITY, GIVES 16 Homewood			Princ	or MOST OF WORKING		. Schoo
Lino III	USU	AL RESIDENCE (IF NURSING HO	OME OR OTHER	INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION					. SCHOO
27	30.		COUNTY	13c. CITY OR 1		13d. INSIDE CITY LIMITS?		DRESS / ZIP CO		0.0
1 34 1	IA F	Maryland A	A A Co	. Linthi	.cum	YES NO X		omewood	Road 210	90
19/17	1	FIRST	WIDDLE	LAST		FIRST		MIDDLE	LAST	
peto 1	1	Jesse WAS DECEASED EVER IN U.	N.	Suitt ORCES? 166 SOCIALS		Isabell		ADDRESS	McCart	er
exec		YES, NO OR UNKNOWN) (IF)	ES GIVE WAR C	OR DATES)		(146	eice)	~105 S.	Hammonds	Ferry
e 64 5		No	/////	217.14	.5410D	Mrs. Susan	S. Koon	Glen P	Burnie, Ma	ryland
operate the state of the state		18. CAUSE OF DEATH (En	ter only one	cause per line lui (a), (b	, and ic	-1			BETWEEN ON:	SET AND DEATH
da d			EDIATE CAL	JSE (o)	1-0	anny.				
or the office			D	UE TO, OR ASP CONSE	OUENCE OF	17 . 1	9- 1	/	,	
deo ove fron		Canditions, if ony, whi		(b) Lewy	hund	(Jascula	June	ping.	09	
the rem emo		gave rise to immedia cause (a), stating t		UE TO, OR AS A CONSE	QUENCE OF	1	11	1	/	
ah cree b		underlying cause la	st.	7 //	rers	lovis -			100	n-
paires ugned hen ple o Surio	z	PART 2 OTHER SIGNIFIC	ANT COND	ITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TEL	RMINAL DISEASE (OR CONDITION (GIVEN IN PART 110	
1	CERTIFICATION	19a DATE OF OPERATION	11	96. CONDITION FOR WE	IICH OPERATIO	ON WAS PERFORMED	20a AUTOP	SY? 20h F.	YES, WERE FINDING	SLISED
1 111	F.	-						IN CER	TIFYING CAUSES OF	F DEATH?
40 110 4	E .	21a. ACCIDENT WAS UNDERLYI	NC D 2	16. TIME OF INJURY		21c. HOW INJURY OCCL				NO 🗌
A House		OR CONTRIBUTING CAUSE			DAY YEAR	Mr. HOW INJURY OCCU	JAKED (ENTER NATUI	SE ON INJURY IN HEW I	IS PART I OR PART 2)	
36 953 4	SA	(IF EITHER NOTIFY MEDICAL EX		P.M.	19					
The state of	MEDICAL	21d. INJURY OCCURRED	10	IE. PLACE OF INJURY AT HOME, STREET FACTORY, OF	ICE, FARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
95 340 4		AT WORK NOT WHILE			1					
NDN Parties	1	22a.1 certify that (1) (this		tended the deceased Ir	1.50	7 19 76	, to	8/8		at (II (we) last
E 228 2		saw the deceased of abave, (J) (we) (did) (ive on	the bady alter death.	9 10	and that in (my) (our) apinic	in death occurred	on the date and h	nour and Irom the car	uses stated
· 有		226. SIGNATURE	2 1	1 1		DEGREE	/		22c. DATE SIC	GNED
1 0 0 0 0		Smille	mix	It mon	m	ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN []	15//2	186
E & B & S & 7	1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	77.7		22e ADDRESS			2106	1
HOSP HOSP HOSP HOSP HOSP HOSP HOSP HOSP		Dr. G. S. I	Linsao	. M.D.		7308 Fur	nace Brai	nch Rd.	Glen Burn	-
5 5 5 4 8 +	230	BURIAL, CREMATION, REM			734 NAME OF	CEMETERY OR CREMATOR			oren barn.	110.
20	230.	(SPECIFY) Burial	VAL Z3b.	lav 14.1986	Gedar 1	Hill Cemetery	CITY OR	NWOT	A A CO	STATE
BP	24 5		12	11000			2100	4	A A Co.	Md.
DHMH - 16 60M 7/84	24. 1	UNERAL DIRECTO	101	morn	35	9 4 3 3	T NEW AND STREET	SISTRARIZSD. REG	ISTRAR'S SIGNATUR	كسك
(VRA 15, 4)		Singleton Fu	neral	Home Gler	Burni	e, Maryland A	THE NO	0 3	and the first of t	4



STATE OF MARYLAND



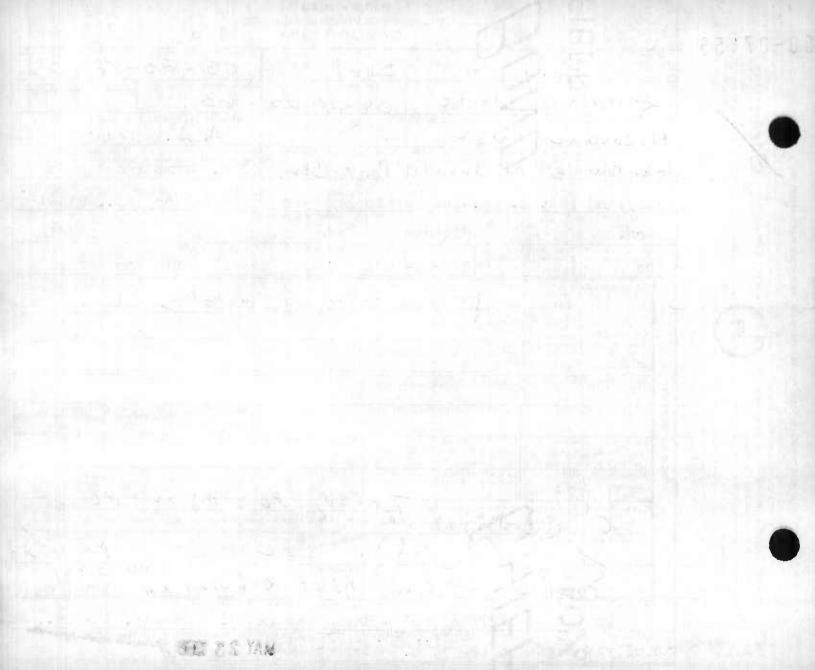
POR STATE	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE ()	1 2 8 2	9
283		CERTIFICATE OF DEATH	REG. N	O.	ulis
I. DECEASED NAME (TYPE OR PRINT) A	FIRST MIDDLE E.	Broadt.		MONTH DAY YEAR 26 HO	OUR M
3. SEX	MALE CAUCASIAN	5. DATE OF BIRTH ""J"ULY ""2, "189	6. AGE (IN YEARS LAST BIR		DER 24 HRS
TO BIRTHPLACE (STATE ORF	7b. CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIED A NEVER MARRIED WIDOWED DIVORCED		RCOUNTY OF DEATH DEL COUNTY	MD.
EDGEWATER	3 22 ARBUTUS	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION THOMEMAKE	ON 12b. KIND OF BUSIN FLYORKING LIFE) INDUSTRY	VESS OR
USUAL RESIDENCE (IF NURS MARY LAND A	SING HOME OR OTHER INSTITUTION, GIVE RESIDENCE B ND EOUATRUNDEL 136. EDGE	FFORE ADMISSION) WATER 13d. INSIDE CITY LIMITS? YES X NO (13-572ET ARREST	TOSODR. 21037	,
ALBERT I	HENRY CANT	15. MOTHER'S MAIDEN N		. SABOURY	
160 WAS DECEASED EVER		ECURITY NO. 17. INFORMANT 4-9939 SEVERNA A	. TUCKER S	AME AS 13E	
Conditions, if ony, gove to the other of the	, which mediate and the lost. DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	QUENCE OF heart duscay		5 уег	ers
A You are objective to the control of the control o	TION 196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO	ATH?
OR CONTRIBUTING O	CAUSE OF DEATH HOUR A.M. MONTH (CAL EXAMINER)	DAY YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2}	
TO 2	HILE THOME, STREET, FACTORY, OF	PICE, FARM, ETC.)	CITY OR TO	MN COUNTA	STATE
2 5 9 %	AME (TYPE OR PRIN')	DEGREE ATTENDING PHYSICIAN 19 8 6 ADDRESS	n death accurred on the de	77E DATE SIGNED	_
GREG /	NEILLEY M.D.				
23a BURIAL, CREMATION,		23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
230 BURIAL, CREMATION, (SPECIFY) BURIAL 24 FUNERAL DIRECTOR		HILLCREST ANNAPO	LIS ANNE A	RUNDEL CO. MI 25b. registrar's signature	STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-0650 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME KNOWN EX MONTH 26 HOUR (TYPE OR PRINT) Marie ESTI-Bromwell Kay DEATH MATED 10 1986 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1:40 (1. DEAD 5 10 1986 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF COUNTRY am MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED [Anne Arundel County ORI DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Anne Arundel General Hospital RETURY IDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY 13e STREET ADDRESS 1801 HAURE NO V GEWALER 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE NOS AZE 160. WAS DECEASED EVER IN U.S. ARMED FORCES NOSK 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PRESTON ST Multiple injuries IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T OR: PAGE 3 SHOULD BE HESTATE DEPARTMENT 8 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING 12:10 AM 5/ Driver of auto in collision with tree CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21 PLACE OF INJURY 211 LOCATION STREET FACTORY, FARM, ETC Rt.214&424, Davidsonville, AA Co., Maryland WHILE NOT WHILE AT WORK roadway AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFEE DEATH, WITH THE STITMORE, MARRIANORE, M Autapsy XXX te af the Amains described above, held an Inspection and in my apinion death resulted ! Suicide Undetermined manner TITLE (SPECIFY) ACTUAL May 11, 86 Chief SIGNATURE 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME John E. Smialek, M.D. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATOR 230 BURIAL, CREMATION, REMOVAL 236 DATE 8 5-12-CREWIT (10N IEW BALLINONE 07/84 25M 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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	1			STAT	E OF MARYLAND			
	1.	FOR STATE	D		EALTH AND MENTAL H		1 2 1	2 3 1
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71700		CEASED NAME FIRST	MIDDLE	72	AST		MONTH DAY YEAR	26. HOUR
page 3		But		DI	11-1		20-86	12 AM
. 4	3. SE	1/0 1 -	RACE	5 DATE (DAY . YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEA MONTHS DAYS	
o o	<u>_</u>	gemale	white	0	9-28-20		YRS.	
到入	7a. BI	COUNTED STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	DE NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
20	1	. Carolina	USA	WIDOW	ED DIVORCED	1 A.A	- Count	U
KP	10. C	1 10	11. NAME OF HOSPITAL	, NURSING HOME (GIVE STREET ADDRES)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	FWORKING LIFE) INDUSTR	OF BUSINESS OR
/E()	6	len Burnie	N. Urur	rdel la	nv. Ctr.	Ret. Sea	umstress L	e Bow
E		AL RESIDENCE (IF NURSING HOME C TATE 13b. COU		OR TOWN	134. INSIDE CITY LIMITS?			Bros.
JU		aryland A.	A. Co.Gle	n Burnie		508 Oakv	rood Rd.,	21061
	14. FA	THER'S NAME	MIDDLE	tman	15. MOTHER'S MAIDEN I	MIDDLE	-L	IAST and an
0		Weaver			Ada	Lee		addie
medico	(IVE WAR OR DATES!	IAL SECURITY NO.	17 INFORMANT		_	~ #17
0 /		no	1217	-20-1882	Edward H	Russell Bur		
t, #		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED RV.		ancer with		BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
N			DUE TO, ON AS A CO	NISEQUENCE OF				
E S		Canditians, if any, which	((b)	JASEQUENCE OF			All and a second	
a s		gove rise to immediate cause (a), stating the		ALICE OLIFILICE OF				
or athe		underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF				
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후 후	0							
Prior o	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WERE FIND IN CERTIFYING CAUSE	
S M O	E			Karris		YES NO	YES 🗌	NO 🗆
18 54	18	210. ACCIDENT WAS UNDERLYING		NTH DAY YEAR	21c HOW INJURY OCC	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	
or Hem 1	S S	OR CONTRIBUTING CAUSE OF DE	CAIN	19				
5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION	CITY OR TO	WN COUNTY	STATE
is morked	>	AT WORK NOT WHILE AT WORK		.,		n has	11	
		22a I certify that (I) (this has	nital) attended the decease	ed from	U-20 19 8	0 , to 1	1906	_, that (we) last
21 is		saw the decrased alive a	not view the body after dear	19 fb., 0	nd that in (my) (our) opinio	on death occurred on the d	ate and have and from th	ne causes stated
Hem		22b. SIGNATURE			DEGREE		22c DA	TE SIGNED
, m			111	1,	ATTENDING PHYSICIAN	MEDICAL STA		3 do Pt
Z-		22d. PHYSICIAN'S NAME	OR PRINTED		22e ADDRESS	4	ma. 21	1061
MPORTANT: II		CHOOK	17A>	wh	ngut	Oth wood	101 QLA	n Hurn 18
With O'M	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE		EMETERY OR CREMATOR	Y 123d LOCATION	TOTAL	111111
		Burial	5/22/86			CITY OR TOWN	arnie. A A	Co . Mo
		UNERAL DIRECTOR	Balt	o Md	21225 250.0	ATE REC'D. BY REGISTRAR		ALLIGANIZATION
50M 4/83 5. 4)	Mo	Cully Funera		ADDRESS	tapsco Ave	MAY 23 118	gua van	



Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 24 HR

Unknown

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

271. DATE SIGNED

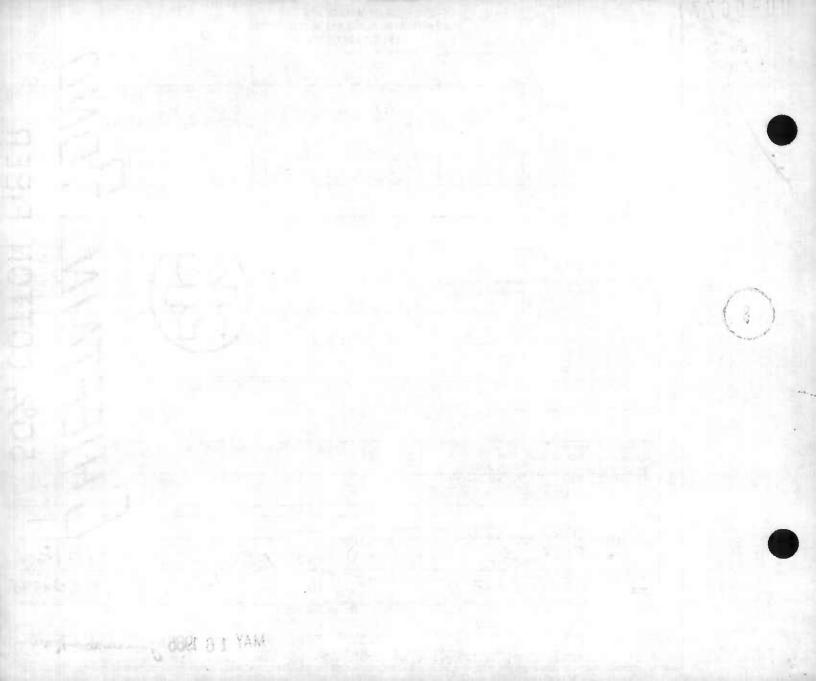
Mary land

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

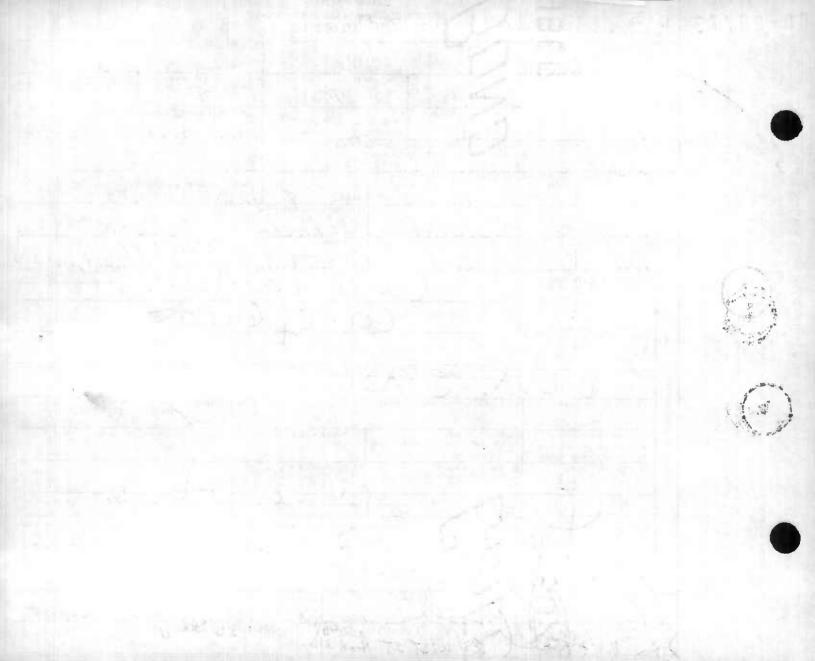
FOR - STATE

REGISTRAR



The second secon Laborated species and species to the little of the little mentality as both with with 57 bads in the spential gells with the

00-06773	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 6 NO.	2833
a gan decath	100000	CEASED NAME FIRST		CARR	2a. DATE OF DEATH MONTH DA	0 86 M
3	1.58	Female	BLACK	5. DATE OF BIRTH	12 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
Charles of Transport		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED DISTRIBUTION	9. BALTIMORE CITY OR COUNTY OF AMERICAN COUNTY OF THE PROPERTY	LIZE KIND OF BUSINESS OR
200 per of the control of the contro	6	EN BURNIE	AUSTRALIA IN SUCH FACILITY, GIVESTREET ARTHUR INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS HICS SUSA.	LIVE OF WORK FOR MOST OF WORKING LIFE DOME STIC WORK	INDUSTRY
LAND 2 hir 24 ho by tilled a thould b	13a.	136 CQUI	13 CITY OR TOW		1300 YORKTOWN	RA 21401
E, MARY	2	PERCE NAS DECEASED EVER IN U.S. AF	MED FORCES? TIGO SOCIAL SECU	Corneli	WIDDIE	OR LAST
LTIMOR LTIMOR		YES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES) 214- C5	-1262 CHART A	Han Care AK	RAOLA MA 2/0/2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Barton St. Bu		PART I. DEATH WAS CAUSE	TE CAUSE (a)	, arainos	NONOSES	SETWEEN ONSET AND DEATH
hat the death by the ottention ose remove co. A. Cremation, or other troument	1	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b)	a. of	bleast	
MDS, 20 equires 1 Then ple or to during	NOI	PART 2 OTHER STONIFICANT	CONDITIONS CONTRIBUTIONS TO I	DEATH BUT NOT AFF ATER TO THE TERM		
AL RECC	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW YES	
N OF VIE	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAG	IT (ORPART 2)
DIVISION HIG PHYSI Office that co	MED	21d, INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR FOWN	COUNTY STATE
ATTEND organical or eCCOR - use of for use of 10 Hear		saw the occeased alive ar above, (I) (we) (did) (did no	ital) attended the deceased fram	, and that in (my) (aur) apinian	death occurred an the date and haur	
by the by		22b. SIGNATURE	ayoro		MEDICAL STAFF DIRECTOR PHYSICIAN	512/86
TO HOSPIT TO FUNER Thould be with the St	200	22d. PHYSICIAN'S NAME (TYPE	AM COAYC)80 22e. ADDRESS	Taylor vo	
ВР		SPECIFIC SPECIFICATION, REMOVAL	1 5/13-86 /	sbuy Brookopk	23d LOCATION STY OR TOWN AND SEED TO	COUNTY
DHMH - 16 50M 4/83 (VRA 15, 4)	X	UNERAL DIRECTOR POSSE	1 821 WEST	ST. And MD. 250. DW	Ade planed and subjection	AR'S SIGNATURE



STATE OF MARYLAND

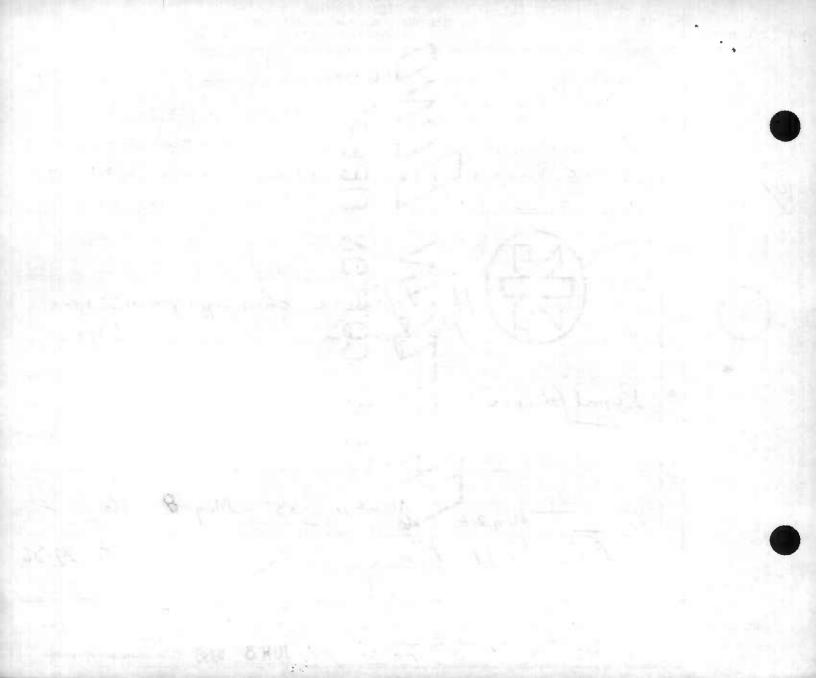
8 6 REG. NO.	1	2	8	3	
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	FOR STATE REGISTRAR	DE		TH AND MENTAL HYG TE OF DEATH	IENE 8 6 1	2835
	1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
	(TYPE OR PRINT)	Jane	car-	er	May 28,	1986 10:55,am
1	3 SEX	4 RACE	5. DATE OF BI	RTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
	Female	White	Sept.	21, 1893	92 YRS.	ONTHS DAYS HOURS MIN.
200	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	Maryland	USA	WIDOWED	DIVORCED X	ANNE ArUND	EL MD.
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV PLEASANT LIN	E STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Post. Eng.	12b. KIND OF BUSINESS OR INDUSTRY Civil Service
0	130 STATE 136 CC			INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
7				S NO K	419 Joyce Drive	21061
Ì	14 FATHER'S NAME	WIDDLE	15. /	MOTHER'S MAIDEN NA		
	James		bb	Mary	MIDDLE	Lawton
	160 WAS DECEASED EVER IN U.S.		L SECURITY NO. 17	NFORMANT	ADDRESS	
		None 214.1	8.7684 E	Lton D. Cart	ter (Son) Same	AS 13
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	ACUNOLIONS CONTRIBUTION				WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR	HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT OR PART 2)
1	OR CONTRIBUTING CAUSE OF	DEATH	19			
	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,		LOCATION	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	- Demonstrate de la	trom March	11 1585	May 28	86
	saw the deceased alive	on May 2-2 I not) view the body after depth	19 86 and the	, 17	death occurred an the date and hour	ond from the causes stated
	22b. SIGNATURE	1 6 M.	Zine DEGI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-29-86
	22d PHYSICIAN'S NAME (TY 23a. BURIAL, CREMATION, REMOV (SPECIFY) Burial		23¢ NAME OF CEME	TERY OR CREMATORY Ige Mem. Pai	23d LOCATION CITYORTOWN rk Elkridge He	county STATE
	24 FUNERAL DIRECTO	31/100010			E REC'D. BY REGISTRAR 25b. REGISTR.	
	Singleton Fune	ral Home . Gle	n Burnie, M			vidson-yandeles

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troit



77						E OF MARYLAND						
273	1-	FOR STATE REGISTRAR			CERTIF	ICATE OF DEATH		8 6 REG. N	10.	2	3 3	6
2.5		CEASED NAME OR PRINT)	FIRST	MIDDLE		AST	2a. DA	TE OF DEATH		DAY YEAR	2b. HO	_
deoth				Matilda	CAY			May	31, 19		1:4	N
	3. SE	Female	4 RACE Whi	ite	S. DATE (MONTH		6. AGE	(IN YEARS LAST BE		MONTHS DAY		MIN.
9,-	7a. BI	RTHPLACE (STATE ORF	OREIGN 7b. CITIZEN O	F WHAT COUNT	RY? 8.		_ 9 BAL	IMORE CITY O	-	OF DEATH		
OE		aryland	U.S.	. A .	WIDOWI	D NEVER MARRIED		ne Arun	ndel			ME
30		TY OR TOWN OF DEA len Burnie	(IF NOT IN S	FHOSPITAL, NUR UCH FACILITY, GIVE STO APLE Land	REET ADDRESS)	OR OTHER INSTITUTION	(TYPE O	UALOCCUPAT F WORK FOR MOST OF Memaker	OF WORKING LIFE	E) INDUSTR	OF BUSIN Y Home	IESS OR
5	13a. S	AL RESIDENCE (IF NURSI STATE Cyland	NG HOME OR OTHER INSTITUTION 136. COUNTY Anne Arunde	13c. CITY OR TO		134 INSIDE CITY LIMITS		REET ADDRESS Maple			2106	51
	14. FA	THER'S NAME FIRST Rubin	MIDDLE	McQuay	.,	15. MOTHER'S MAIDEN FIRST Fannie		MIDDLE	Dane	Mor	AST	7.5
medicol			N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) None	~ .	ECURITY NO.	17 INFORMANT George E.	(son) Cayer,	ADDR		Argus n Burn	Lane	
ther trauma		Canditions, if any, gave rise to imm cause (a), stating underlying couse	which (b)_	OR AS A CONSE		U		0				
olui iulio	FICATION	gave rise to imm cause (a), stating underlying couse	which lediote g the lost. (c)	OR AS A CONSE	QUENCE OF	NOT RELATED TO THE T	20a	AUTOPSY?	206. IF YES	S, WERE FINE	DINGS USI	ATH?
any injury, or	. CERTIFICATION	gave rise to imm cause (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	which lediote g the lost. (c) UIFICANT CONDITIONS COPD ION IPP CON IPP	OR AS A CONSE	QUENCE OF		20a YES	AUTOPSY?	20b. IF YES IN CERTIF YES	S, WERE FINE YING CAUS	DINGS USI ES OF DEA NO	ATH?
ked or Item 8 show any injury, or	MEDICAL CERTIFICATION	gave rise to imm cause (a), statin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	which lediote g the lost. UIFICANT CONDITIONS COPD ION 196 CON ERLYING 196 CON ERLYING 216 TIME HOUR ALEXAMINER) 216 PLAC (AT HOME: 5	OR AS A CONSEI	QUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19	N WAS PERFORMED	20a YES	AUTOPSY?	206. IF YES IN CERTIF YES	S, WERE FINE YING CAUS	DINGS USI ES OF DEA NO	ATH?
and Mental Hygrene prior to burns ked or Item 8 shaw, any injury, ar		gave rise to imm cause (a), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUR WHILE NOTHY MEDIC 21d. INJURY OCCURR WHILE NOTHY AT WORE 220.1 certify that (1) saw the decase	which (b) (b) ediate g the lost. (c) DUE TO, (c) IIFICANT CONDITIONS OF DEATH ALEXAMINER) ED 216. PLAC (AT HOME. S) (this haspital) attended	OR AS A CONSEI CONTRIBUTING DITION FOR WH OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFI	QUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19 CCE, FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OC	20a YES CURRED (EN	AUTOPSY? NO TER NATURE OF INJU	20b. IF YES IN CERTIF' YES JRY IN ITEM 18 PA	S, WERE FINE YING CAUSI S ART LORPART 2 COUNTY	DINGS USI ES OF DEA NO	STATE (we) las
ched for use as the buriant/construction. Sept. of Health and Mental Hygiene prior to burial them 21 is marked or fear 18 shaw, any injury, an		gave rise to imm cause (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE OF OTHER AT WORK NOTWH AT WORK 22a.1 certify that (I) saw the decease above, (I) (we) (d) 22b. SIGNATURE	which lediote g the lost. (c)	OR AS A CONSEI CONTRIBUTING DITION FOR WH OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFI	QUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19 CE, FARM ETC.)	21c HOW INJURY OC. 21l LOCATION STREET , 19 and that in (my) (aur) apid DEGREE ATTENDIN PHYSICIA	YES CURRED (EN	AUTOPSY? NO TER NATURE OF INJU	IN CERTIFYES IN CERTIFYES URY IN ITEM 18 PA	COUNTY	DINGS USI ES OF DEA NO	STATE (we) last
thed for use as the burial-tronsit permit. Then prepare at Health and Mental Hygiene prior to burial them 21 is marked or flear 18 shaw, any injury, at		gave rise to imm cause (a), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE SOTH AT WORK NOTHER AT WORK AT WORK 22a. Tertify that (I) saw the decause above, (I) (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA	which lediote g the lost. (c)	OR AS A CONSEI CONTRIBUTING DITION FOR WH OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFI	QUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19 KE, FARM ETC.)	21c. HOW INJURY OC 21l. LOCATION STREET , 19 and that in (my) (aur) apid DEGREE	YES CURRED (EN	AUTOPSY? NO TER NATURE OF INJUI	IN CERTIFYES IN CERTIFYES URY IN ITEM 18 PA	COUNTY	DINGS USI ES OF DEA NO	STATE (we) last
Dept. of Health and Mental Hygiene prior to buries them 21 is marked or them 8 showeday injury, or	WEDICAL	gave rise to imm cause (a), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE SOTH AT WORK NOTHER AT WORK AT WORK 22a. Tertify that (I) saw the decause above, (I) (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA	which lediote g the lost. UIFICANT CONDITIONS (C) UIFICANT CONDITIONS	OR AS A CONSECUTION OF INJURY A.M. MONTH P.M. E OF INJURY STREEL FACTORY, OFFI The deceased fra	QUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19 KE, FARM ETC.) 9 44 44 44 44 44 44 44 44 44	21c HOW INJURY OC. 21l LOCATION STREET , 19 and that in (my) (aur) apid DEGREE ATTENDIN PHYSICIA	YES CURRED (EN	AUTOPSY? NO TER NATURE OF INJUI	IN CERTIFYES IN CERTIFYES URY IN ITEM 18 PA	COUNTY	DINGS USI ES OF DEA NO) , that (I) ne causes s	STATE (we) last

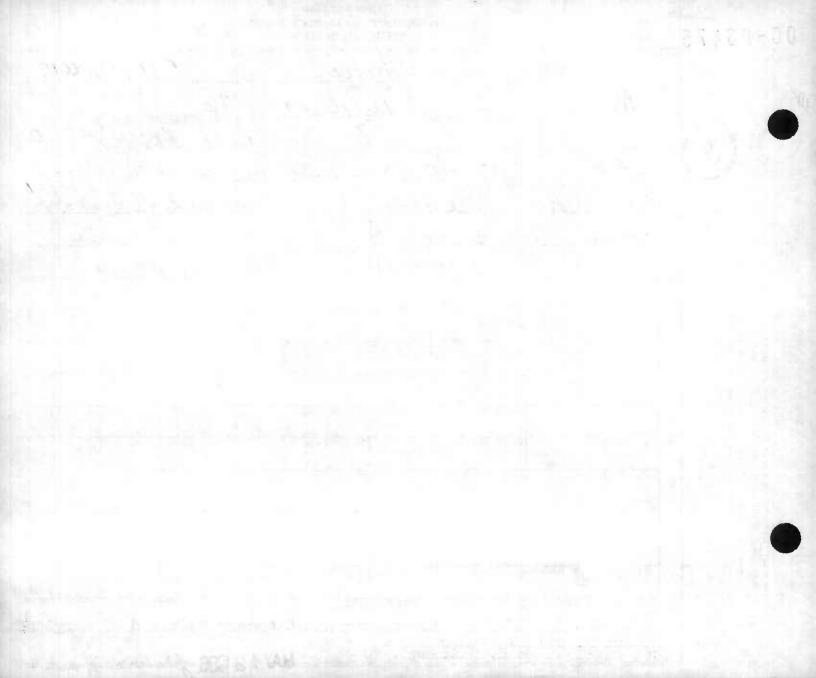
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STATE OF MARTLAND		STATE	OF.	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		STATE REGISTRAR	CERTII	FICATE OF DEATH	REG. NO.	ilia O
oge 3		CEASED NAME FRANCE		1+ov	20 DATE OF DEATH MONTH	1 /86 0017
poector, po	3 SE	M	4. RACE S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS	IF UNDER 1 YEAR IF UNDER 24 H
178		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? B MARRIE WIDOW	ED DIVORCED	9 BALTIMORE CITY OR COUN	UNDE/ CO
6	10 C	DEALE	11. NAME OF HOSPITAL, DURSING HOME ((MNOT IN SUCH EACILITY BY ESTRET ADDRESS) AND A ROUNDA	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS INDUSTRY KETI REL
filled in	130.	AL RESIDENCE (IF NURSING HOME OR 13b COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 135. CITY OR TOWN THE ALE	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO	S CREEK K
O graphete	14 F	THER'S NAME FIRST Joseph	Chilton	15 MOTHER'S MAIDEN NAM	WIDDLE	Dempsey
on ond co		VAS DECEASED EVER IN U.S. AR. (ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES? 166 SOCIAL SECURITY NO. 517.01.4931	WIFE S	AME AS A	BOVE
physicie npoper movol.		PART I. DEATH WAS CAUSE		irrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ending corbo		IMMEDIAI	DUE TO, OR AS A CONSEQUENCE OF			
by the offer see remove (), cremotion other trour		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
n signed Then plee	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMI	nal disease or condition c	SIVEN IN PART 110
s bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF	ES, WERE FINDINGS USED
he iene	1 27		4			TIFYING CAUSES OF DEATH? YES \text{ NO }
sho ste		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR		YES NO
ding physicions on service to buriol-tronsit Mentol Hygie or Item 18 sho	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	216. HOW INJURY OCCURR 211. LOCATION SIREET	YES NO	YES NO S
ENDING PHYSICIAN: The old or outending physicion of or outending physicions. After this certificate use os the burnol-tronsit Health and Mantol Hygie is marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hosping with the deceased alive on the deceased olive on the decease of the deceased olive on the deceased olive on the decease of the deceased olive on the decease of the deceased olive on the decease of the decea	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) tol) ottended the deceosed from 19	211. LOCATION STREET	YES NO DED (ENTER NATURE OF INJURY IN ITEM 1	YES NO
to OX ATTENDING PHYSICIAN: In the hospital or steading physicial LOIRECTOR. After this certificate tooched for use as the burnol-tronsit e Dept. of Health and Mental Hygie E Dept. of Health and Mental Hygie if hem 21 is marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WMILE AT WORK 220.1 certify that (1) (this hosping sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM. ETC.) tol) ottended the deceosed from April ti view the body ofter death.	211. LOCATION SIREET 1.2.3 19.5(and that in (my) (our) opinion of DEGREE M.O. ATTENDING PHYSICIAN (In Inc.)	YES NO ED (ENTER NATURE OF INJURY IN ITEM 1	COUNTY STATE . 19
The Cox All Ending of Physicians in the hospital or attending physicial of the hospital or attending physicians (RAL DIRECTOR: After this certificate is detached for use as the burnol-tronsit stote Dept. of Health and Mantol Hygie (NT: If them 21 is marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospir sow the decessed alive on above, (1) (we) (did) (did no	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM. ETC.) tol) ottended the deceosed from Ayaci ti view the body offer death.	211. LOCATION SIREET 23 , 19 & C, and that in (my) (our) opinion of DEGREE ATTENDING	YES NO ED (ENTER NATURE OF INJURY IN ITEM 1 CITY OR TOWN To Many to the dote and he dote	YES NO COUNTY STATE COUNTY STATE 19 State that (I) (we) our and from the causes stated
OR ATTENDING PHYSICIAN: The hospital or attending physician DEECTOR. After this certificate I orhed for use as the burolatronsit Dept. of Health and Mental Hygie II frem 21 is marked or Item 18 shall hear 21 is marked or Item 21 is marked	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WMILE AT WORK 220.1 certify that (1) (this hosping sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	THE HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM. ETC.) tol) ottended the deceosed from April ti view the body ofter death. RPRINT: 23b. DATE 23c. NAME OF C	211. LOCATION SIREET 1.2.3 19.5(and that in (my) (our) opinion of DEGREE M.O. ATTENDING PHYSICIAN (In Inc.)	VES NO DED (ENTER NATURE OF INJURY IN ITEM 1 CITY OR TOWN TO MEDICAL STAFF DIRECTOR PHYSICIAN DEDICAL STAFF DIRECTOR PHYSICIAN DEDICAL COLOR OF TOWN	Shedy Sille



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TENDING PHYSICIAN, The low

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STATE OF MARYLAND

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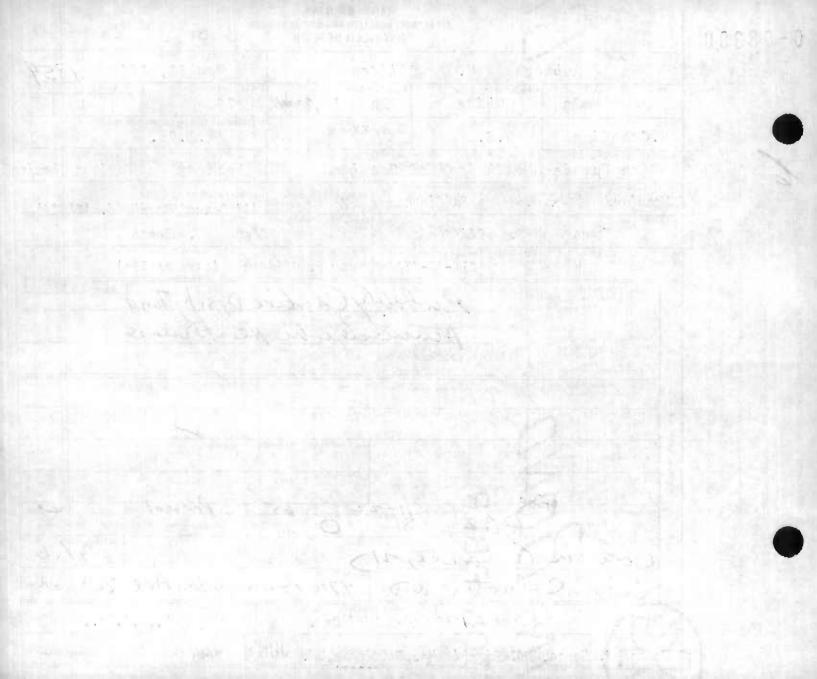
1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE 8 6	1283	8
F	DECEASED NAME FIRST (TYPE OR PRINT)	·WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 25 HOU	R
	Audrey	Evelyn	Cíccia	May	1, 1986 5:4	45 A
1	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE HOURS	24 HRS MIN.
ı	Female	White	June 30, 1937	48	YRS.	71.11.1
4	ME BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
	Kentucky	USA	WIDOWED DIVORCED	AAC	0.	MD.
1	II. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINE	SSOR
1	Glen Burnie	North Arundel	Hospital	Homemaker	Own Home	
P	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE 21108	3 11 10
		A co. Millersy			Drive South	
T	4 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST	
1	Millard	Craft	Irene	WIDDLE	Bent1e	ev
T	60 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECT		usband) ADDRESS	Denet	
1		one 110.30			As 13	
	Canditions, if any, which gove rise to immediate couse (a), storing the underlying couse last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		verantes	20g AUTOPSY? 20b	DN GIVEN IN PART I 10 I. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES.	H?
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN I		
1	DO TO SOUTH OF THE OF T		AY YEAR			
1	VIFEITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	211 LOCATION	CITY OR TOWN	COUNTY ST	TATE
	220.1 certify that (1) (this hasp	ottol) ottended the deceased from 19 19 19 19	June 9. 19. 8 86. and that in (my) (our) apinio	In death accurred on the date of	nd haur and fram the causes sto	
	· Il	ed)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 1	6
1	224 PHYSICIAN'S NAME TTYPE		22e. ADDRESS		21061.	
1	Dr. Ruben Re				oad, Glen Burn	ie,Md
	(SPECIFY)		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN		TATE
1	Burial MA FUNERAL DIRECTO # 1/2	May 5, 1986 Ba	ker Cemetery	Payne Gap	REGISTRAR'S SIGNATURE	Ky.
	NAME	ral Home Glen Bu	rnie. Maryland	MAY 6 1986 4	The second of the second of the second of	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNETAL DIRECTOR. After this certificate has been signed by the ottending physician and completely designed by the ottending physician and completely controlled to the burlow from the Scate Dept. of Health and Avental Hypere pract to burlot, or remotion, or removal.

INPORTANT If them 21 is marked or than 28 to be any injury, or other troumatic event, the medical expensions.

U-U830U	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 0	2839
• w =		REGISTRAR CEASED NAME FIRST AUBT	eu M.	Clifton	REG. NO. 120 DATE OF DEATH MONTH May 31,	DAY YEAR 26 HOUR 1986 1854
noy be poge 3	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector.		Male	White	"July "73,1906	79 YRS.	MONTHS DAYS HOURS MIN.
death. Po	1	RTHPLACE (STATE ORFOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	A.A.Co.	MD.
s often	2	Glen Burnie	North Arunde		TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR Chemica
NND 212	13a M	al residence (if nurs in the contract of the c	130 BACLUM	The YES NO 4	13e.STREET ADDRESS / ZIP CO	
impletely impletely second 2 %	35	ATHER'S NAME FIRST Ernest	MIDDLS. Clifton	15. MOTHER'S MAIDEN NA	Ellen "M. Jon	es
MORE execut	160	WAS DECEASED EVER IN U.S. AR YES, MOS UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTION (160 SOCIAL SE		ston (same as	13e)
RDS, 201 W. PRESTON equires that the death or a signed by the attending Then please remove cart r to burial, cremation, or injury, or other traumatic	NOI	Conditions, if ony, which gove rise to immediate couse (o), stolling the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF THE CONSTRUCTION OF THE CONTRIBUTING TO	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TERA	Heart Dala	OVEN IN PART 110
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. Offending physicians as the buriof-transit peems is got site buriof-transit peems. Then the and Memoil Hygene prior to be orked are near 18 memoral injury		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	19	RRED (ENTER MATURE OF IMJURY IN ITEM 1)	B PART I OR PART 2)
IVISION JG PHYS offendin fer this c is the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIN OR ATTENDIN DIRECTOR: Af socked for use c Dept. of Heolt		22a-I certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no 22b. SISNATURE	ot) view the body ofter death.	DEGREE ATTENDING	death occurred on the date and h	our ond from the couses stated
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DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director sonce,	,4001 Ritchie Hg		TE REC'D. BY REGISTRAR 256. REGI	Savidon-Mondaire
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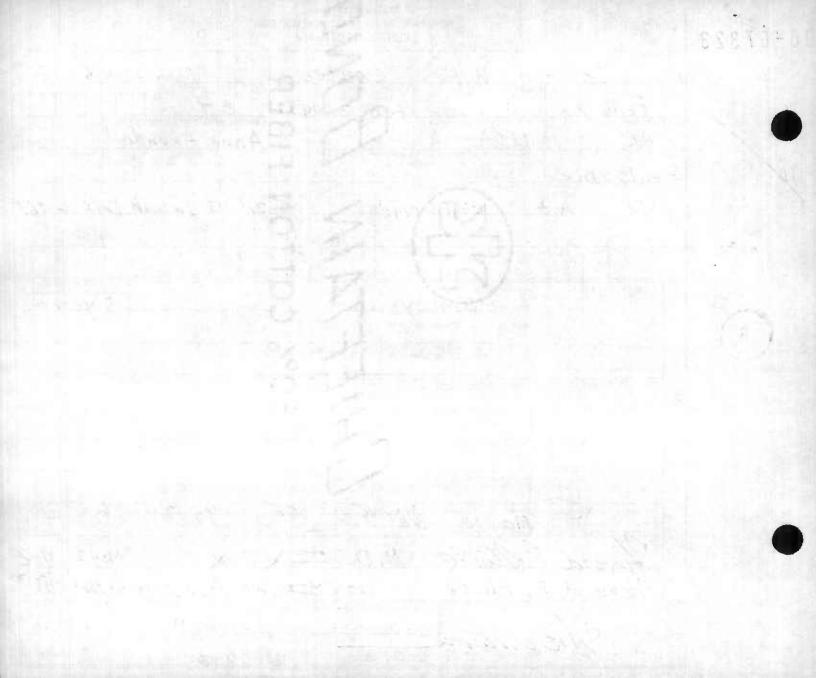


STATE OF MARYLAND

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REGISTRAR			FICATE OF DEATH	ENE 3 5	0.	2 3 4
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70. BIRTHPLACE (STATE O	EATH 11. NAME O	F WHAT COUNTRY? 8 MARRIE WIDOWE F HOSPITAL, NURSING HOME COUCH FACILITY, GIVE STREET ADDRESS)		9 BALTIMORE CITY O ANNE A 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	runde	b. KIND OF BUSINESS COUSTRY
14 FATHER'S NAME	URSING HOME OR OTHER INSTITUTION 13b. COUNTY	Macintosh Driv SIN GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN CIEM BURDLE LAST	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NAM	MIDDLE		Drive 2/0
Charles 160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	E. ER IN U.S. ARMED FORCES: (IF YES, GIVE WAR OR DATES) None		Magdaline 17 INFORMANT (Husb Richard T. C	and) ADDRE	ss a As 13	Ritter APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	my, which mmediate the manual	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT		nal disease or coni		
90 DATE OF OPER	110.00		AL THAS I EN ONNED	200 4010131	INICEPTIEVING	CAUSES OF DEATHS
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DHMH - 16 60M 7/B (VRA 15, 4)



STATE OF MARYLAND

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URS WIT P		18 CAUSE OF DEA	TH (Enter anly	ane cause per line	for (a), (b), and (c).)		,				APPROXIMA BETWEEN ONS	TE INTERVAL
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EXAMINER: CERTIFICATE FULL BE FOR V. WITH THE S MARYLAND,		death resulted from			Accident .	Suicide X		Undetermined r		s iir iiiy api	illot,	
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TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH		(TYPE OR PRINT)	Willia	n P. Jone,	M.D.		ADDRESS 695 Amer	rica Crt	Davidony	ille.M	H. 21035	
TO ME BAFTER BAFTER	23e.B	JRIAL, CREMATION,					OR CREMATORY	23d. LOCATION		COUNT		
07/84 BP	1:	Entomb	ment	5/6/86	Hi	llcre	est Cem.	Annapo		A.Co	Md.	STATE
25M DHMH - 17	24. F	INERAL DIRECTOR		ADDRESS	12 Rid			REC'D. BY REGISTE	RAR 256 REGIS	STRAR'S SI	IGNATURE	600
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CONTRACTOR BUILDING Parkers Hone House I Com to be the claim of the same of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0-08575 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH DAY YEAR Carlota M. Cubillas (TYPE OR PRINT) May 22, 1986 3 SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH emale 26, 1911 Cuban Sept. 74 TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Cuba U.S.A. WIDOWED Anne Arundel Co O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Annapolis Anne Arundel General Dietitian Hospital JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

130. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Florida Dade 1667 N.E. 142nd St North Miami 33181 YESX NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Antonio Cubillas Maria Barroso 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATEST 262-18-0627 Ann C. Cubillas (niece) Same as 13 Yes WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CEREBRAI Canditians, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO IT 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM 71d-INJURY OCCURRED à 71e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from. saw the deceosed olive an_ ..., and that in (my) (our) opinian death accurred on the date and haur and from the couses stated abave, (1) (wan (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING Romas PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS ATKEDRAL ST

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

ld b ORT

Buria1

24 FUNERAL DIRECTOR Capitol Funeral Service, Falls Church, VA

27 May 86

23b. DATE

Woodlawn Park Cemetery, North Miami, Florida 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

MESS IN LAND SET TOO Fig. 12 (ase2=) undlinet .0 max | \$750- (1-ta) | If the | 10 ta record superal Macrico, Follo Course, Walley and Markey Milly grand Landows

	1				STATE	OF MARYLAND					
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64		CEASED NAME FIRST FOR PRINT)		MIDDLE	LAS			OF DEATH	MONTH DA	AY YEAR	26 HOUR
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ector. p	3 SE	Femal	1 RACE	uti	SEPT.	22,1921	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
P 2 121		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIA	AORE CITY O	R COUNTY	OF DEATH	
inerco	-	ARYLAND		5.A.	WIDOWED	DIVORCED [ANNE A	RUNDEL	COUNTY	Y MD.
24	4	LEN BURNIE	(IF NOT IN SU	HOSPITAL, NURSING THE ARUNDE	ADDRESS)	OTHER INSTITUTION ITAL		AL OCCUPATI ORK FOR MOST O OK	ON OF WORKING LIFE)	INDUSTRY	AURANT
36	USU 134 MA	AL RESIDENCE (IF NURSING HOME TATE AND ARU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW SEVERN	/N 1	3d. INSIDE CITY LIMITS? YES NO 💢	13. STREE	T ADDRESS DONA	ZIP CODE	AVE.	21144
1/2	JA E	VINCENT	WIDDLE	PAPA		CONCETI		MIDDLE		BARRAI	
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MEADOWRIDGE MEM.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

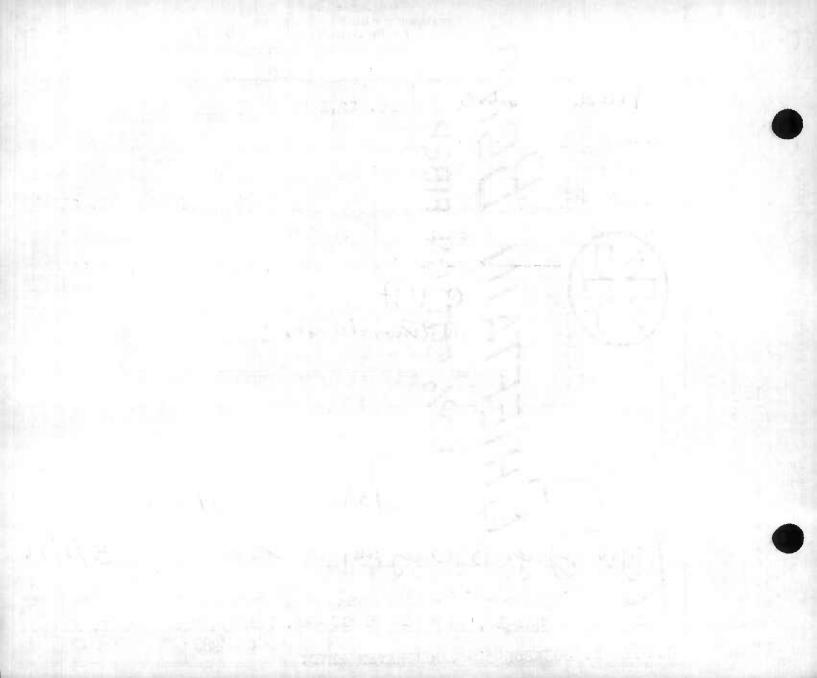
WILLTAM E. JOHNSON8521 LOCH RAVEN BLVD

MAY 10, '86

236 DATE

COUNTY

STATE



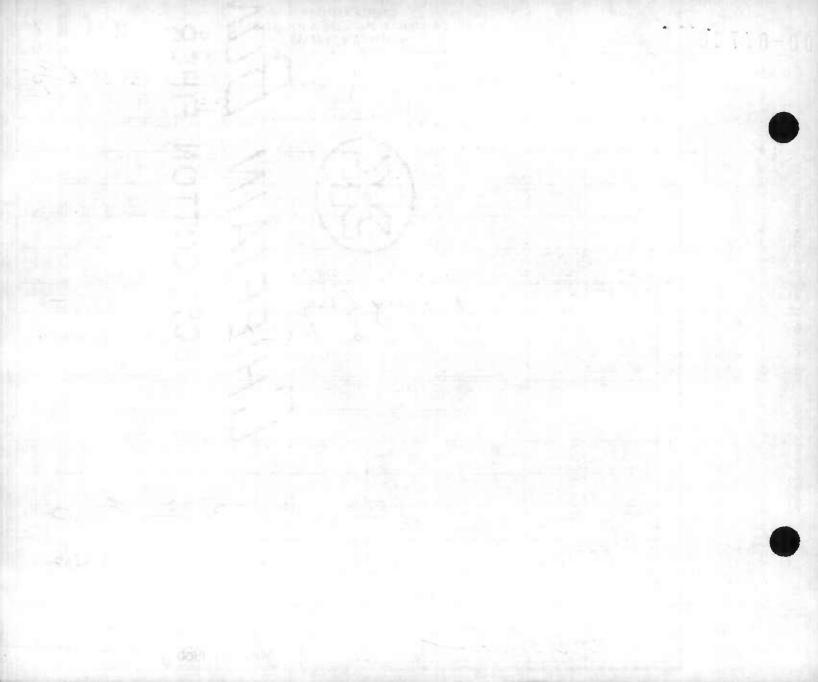
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STATE OF MARYLAND

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havin after park. Page 4 may be	sspital ar attending physician.	CTOR: After this certificate has been signed by the attending physician and admpletely filled in by the funeral director, page 3

60	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND MENTAL HYG	REG. NO.	12	8 4	7
		OR PRINT)	THA I	ELMON	DF	AST AY	20 DATE OF DEATH MAY	ONTH DAY	SG 10	3
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multipe	13a. S		G HOME OR OTHER INSTITUTIO 3b COUNTY ANNE ARUNDI	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 394 BURNS		G RD. 211	144
10		JOHN	MIDOLE E	DAY	V	15. MOTHER'S MAIDEN NAI VIRGINIA	WIQUE		SENBURY	
		VAS DECEASED EVER IN VES. NO OR UNKNOWN) YES	U.S. ARMED FORCES? (IF YES GIVE WAR OR GATES) 1920 to 23	220.16.		MARIAN V. DA	ADDRESS	SAME AS		
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ase remave carbo	CERTIFICATION	Canditians, if any, v gave rise to imme cause (a), stating underlying cause	which (b) =	OR AS A CONSEO	hyse	wa / Co	PAD		6 your	3
ws any injury,		PART 2 OTHER SIGNIF				NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH	
tem 18 sho		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTHEY MEDICAL	USE OF GEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURR				
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n 21 is ma		saw the deceased abave (1) we) (did	his haspital attended	190		nd that in (my) bur) apinian	death accurred on the date	and haur and fr	that we am the causes stat	e)*la: led
ANT: If Iten		22d. PHYSICIAN'S NAW	Kuir	7	ay	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		DATE SIGNED	
WPORT		S DAVI	D KRIMINS	M.D		25 SHAW STRE		S, MD 21	401	
_		BURIAL, CREMATION, RE	EMOVAL 23b. DATE MAY 2			EMETERY OR CREMATORY VEN MEM PARK	GLEN BURNI	E A.A.	MD.	
MA 7 / 9 4		NGLETON FUN	ERAL HOME,	GLEN BUR	RNIE, M	1D. 250 DAT	E REC'D. BY REGISTRAR 25 MAY 27 1986	b. REGISTRAR'S S	GNATURE and a	202



STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE - STATE OF DEATH REGISTRAR REG. NO. DECEASED NAME KNOWN I OF ESTI DEATH MATED 4. RACE AGE (IN YEARS 2d HOUR IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED HOURS DEAD 6 5 YRS ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED Maryland United States Arundel, MD Anne ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION tive 100 USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edward Dayhoff DIVISION OF Dorsey Irene Myra Robinson 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS 21061 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-09-6369 Timothy E. Dayhoff YES W.W.I 1215 Cedar Cliff 18. CAUSE OF DEATH (Enter only one cause per line far (o), (6) APPROXIMATE INTERVAL 00 PART I DEATH WAS CAUSED BY: ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEN I, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? GE 4 SHOULD BE FORWARDED TO THE CHIEF FUNERAL DIRECTOR; RAGES SHOULD BE USED TREBEATH, WITH THE STATE DEPARTMENT OF HILLIAMSE, MARYLAND, 21201 PRIQR TO BURAL, DIVISION OF VITAL YES NO N 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 3 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from: Homicide Notural causes Suicide Undetermined manner TITLE (SPECIFY) DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ILLIAM P. Jones M. ADDRES 695 America Crt., Davidonville, Md. 21035 PA O 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION Burial Crownsville State Vet. Crownsville, Anne Arundel May 7.86 07/84 BP 25M 24. FUNERAL DIRECTOR 3204 Mountain Rd. **DHMH - 17** MAY McCully Funeral Home /Pasadena.Md. 21122 (VR A15 ME (5)) when Durnellan

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TTEN prital TOR for u	sow the de	eceased alive an	1) view the body ofter death.	88 , and that in (my) (our) apinion	n death accurred on the de	ote and hour and from the causes stated
OR A e has e has oched Dept.	226 SIGNATUR		^	DEGREE		22c. DATE SIGNED
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	23a. BURIAL, CREMAT			NAME OF CEMETERY OF CREMATORY	CITY OR TOWN	COUNTY STATE
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ID DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				STATE OF MARTLAND		
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		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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1	3. SE M	ale	Caucasion	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) NNSYLVANIA	United State		9 BALTIMORE CITY OR COU ANNE ARU	NTY OF DEATH NDEL COUNTY MD.
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5	3a 5	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFUNTY Arund ET Sev	ORE ADMISSION) WN PK 13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP C	
7		ATHER'S NAME PERST NKNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN NA Unknown		LAST
1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	Dominick (Sa	me as #13)
		PART I. DEATH WAS CAU IMMEDI Conditions, if any, which gave rise to immediate couse (a), stating the	only ane cause per line for (a), (b), SED BY: [ATE CAUSE (a) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT	Asperula 1	remenen	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	Algerners o	O DEATH BUT NOT RELATED TO THE TERM USES CHOPERATION WAS PERFORMED	1200 AUTOPSY? 120b. IF	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	N 18 PART I OR PART 2)
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		220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	6/ W/ T/		death accurred on the date and	hour and from the causes stated
		226. SIGNATURE	Blurch	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	S 778
MPORTAN		GERALD CH	URCH, M.D.	27e ADDRESS SEVERNA		
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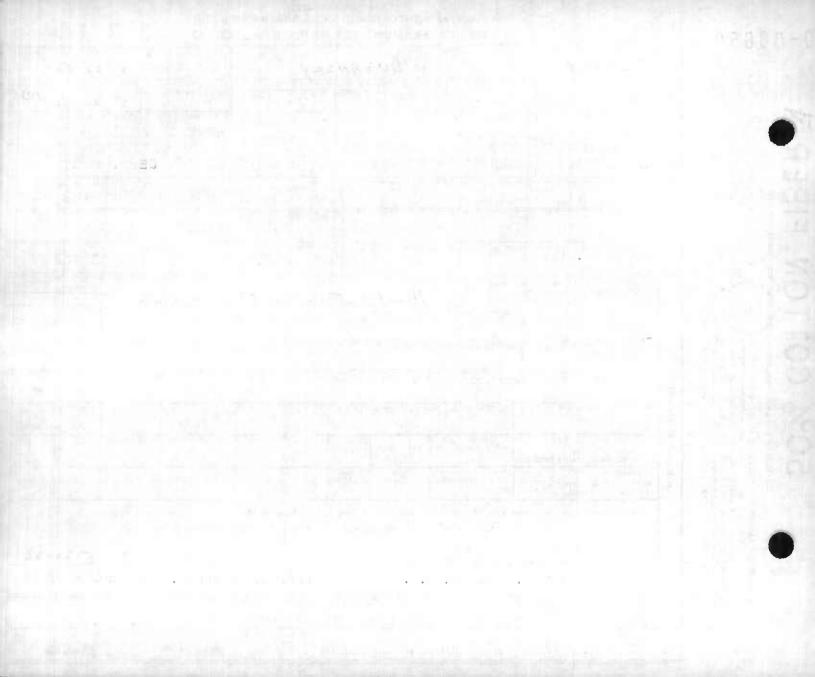
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1 DECEASED NAME O. DATE KNOWN MONTH 76 HOUR MARY Louise OF ESTI-1)UGANSK 22,086 D THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
E.ELED, WITHIN 72 HOURS
201 W. PRESTON STREET, DEATH MATED 4 RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS 2d. HOUR DATE 78 PRONOUNCED 1035 2-5-08 CAUCAST FEMALE 22 1086 DEAD 6. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T. TNEVER MARRIED U.S.A ARUNDEL COUNTY DIVORCED 3. RETAIN PAGE 5 SHOULD BE ELED, AL RECORDS, 201 W. 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ANNAPOLIS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13a STATE 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 132 O'GET MORESENDREE AVE. NNAPOLIS MARYLAND ANNE ARUNDEL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME B MIDDLE CROSBY MIDOLE CHARLES OWENS A"LICE 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NOISIAI (YES, NO SOUNKNOWN) 219-30-4278 DUGANSKY SAME AS 13E RAYMON Α. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? NER: THIS CONTROLL OF THE WORLD IN THE CHIEF CORWARDED TO THE CHIEF TOR: PACE 3 SHOULD BE USE! THE STATE DEPARTMENT OF HITHE STATE DEPARTMENT OF HITMENT OF HITME YES 🔲 NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, FTC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Natural causes death resulted from: Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME James E. Wheeler. M.D. 1116 Gumbottom Rd. Crownsville 21032 ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION HILLCREST CEMETERY BURIAL 5-24-86 CO. MARYLAND BP 07/B4 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR **DHMH - 17** EVANS ANNAPOLIS, MARYLAND (VR A15 ME (5))



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	THE STATE OF		PART I DEATH WAS CAUSED	BY: Mult	iple drug	and alcohol i	ntoxication	BEI WEEN ONSET AND DEATH
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	E COLD		Conditions, if any, which gave rise to immediate	(b)				
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	MAN. WAR		ACTUAL MA	00-		TITLE (SPECIFY)		DATE 5-27-86
	SHE SEE TO		SIGNATURE	100x		Assistant	MEDICAL EXAMINER	SIGNED 5-27-86
	MED CUTE SE 4 S FUNE TIMO		EXAMINER'S NAME Ann	M. Dixon, M.	D.	111	Penn St., Balto	., MD 21201
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION, REMOVAL 23			ADDRESS TTT	23d. LÖCATION	
07	11.8	1	PECIFY)	Ru 29.1986	Hilla	tean	Annapolis	Cim. AA
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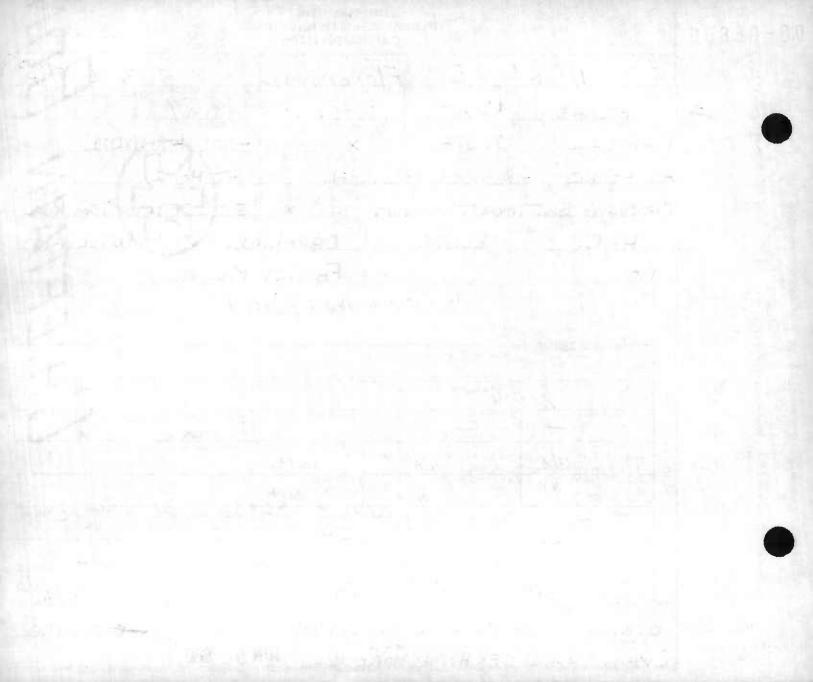
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40 40 40 40 40 40 40 40 40 40 40 40 40 4	(TYP)	CEASED NAME FIRST Sara		Fleming	5-3-86	825 PM
/	2/SE	Female	white	5. DATE OF BIRTH MONTH DAY YEAR J. J	62 YRS.	UNDER I YEAR IF UNDER 24 HRS
083	1	RTHPLACE (STATE OR FOREIGN INTERIOR	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Onne Grand	al MD.
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30	1	ATHER'S NAME David		borne is mother's maiden na	E.	Neeves
2 medica	160.	VAS DECEASED EVER IN U.S. AF YES, NOOR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SECU (E WAR OR DATES) 215-26-		Fleming Same as	
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9	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
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m 21 is m	12	sow the deceased alive an abave, (1) (we) (did) (did no	ital) attended the deceased from 19 11 view the bady after death.		to 19	
ZT. # #er		22b. SIGNATURI	EKD,		MEDICAL STAFF DIRECTOR PHYSICIAN	5/1/82
IMPORTANT:		Dr. Ira Kap	lan	27e ADDRESS		/
<		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c. I	Name of Cemetery or Crematory en Haven Mem Park	Glen Burnie	COUAIY.A. Md
M 7/84 4)		orge J. Gonce	4001 Ritchie	Hgwy Balto Md	FREC D. BY REGISTRAR 256. REGISTRA 1986 Julia D.	AR'S SIGNATURE
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-06504	1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 6	6. NO.	1 2	8	5	9
		CEASED NAME FIRST E OR PRINT)		MIDDLE		AST	20. DATE OF DEAT	Н монтн	DAY Y	YEAR	2b. HOUR	7
moy be poge 3 ter death	1	Cather	ine (M	AI)	Fox		1	May	9, 19	986	7:15P	.M
mod .	3. SE	Х	4. RACE		5. DATE (6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		IF UNDER 24 H	HRS AINL
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mpletely	14. F	ATHER'S NAME FIRST Michael	MIDDLE	MeHug	h	15. MOTHER'S MAIDEN NA FIRST Nora	MIDDI			Flah	nerty	
ond co Pages 1		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (# YES,	ARMED FORCES? GIVE WAR OR DATES)	144-03-6		Dorothy F. 0		DDRESS	sam	e as	s 13e	
low requires that the is been signed by the ermit. Then please remement or prior to burial, cremon analy injury, ar ather the	CERTIFICATION	gove rise to immediate couse lot, staffing the underlying couse lost. PART 2. OTHER SIGNIFICAN S/P PREVIOU 19a DATE OF OPERATION	IC)_ IT CONDITIONS C SFROK	E. PA	DEATH BUT	NOT RELATED TO THE TERM NOT RELATED TO THE TE		15E A	GIVEN IN PA	RITC	S. USED	
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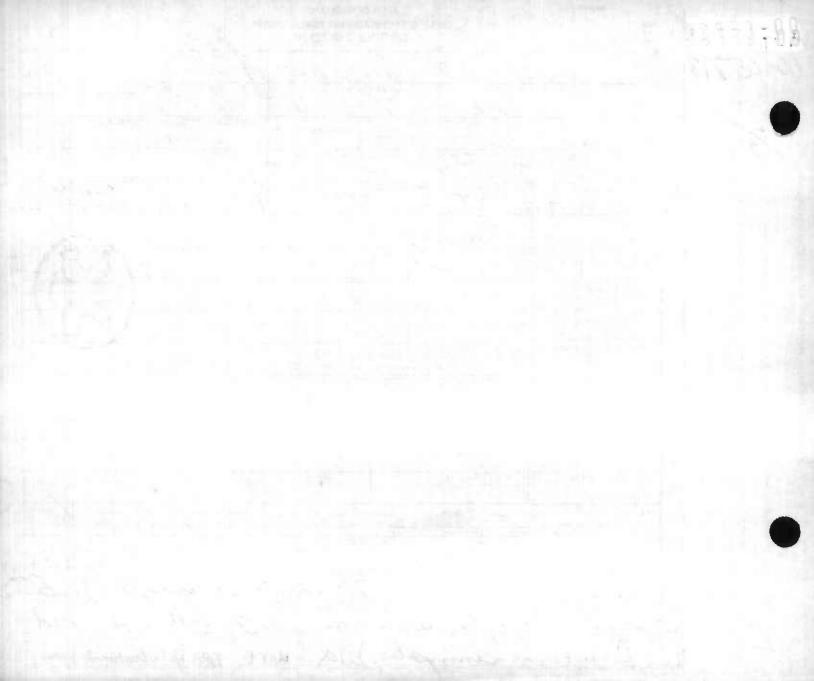
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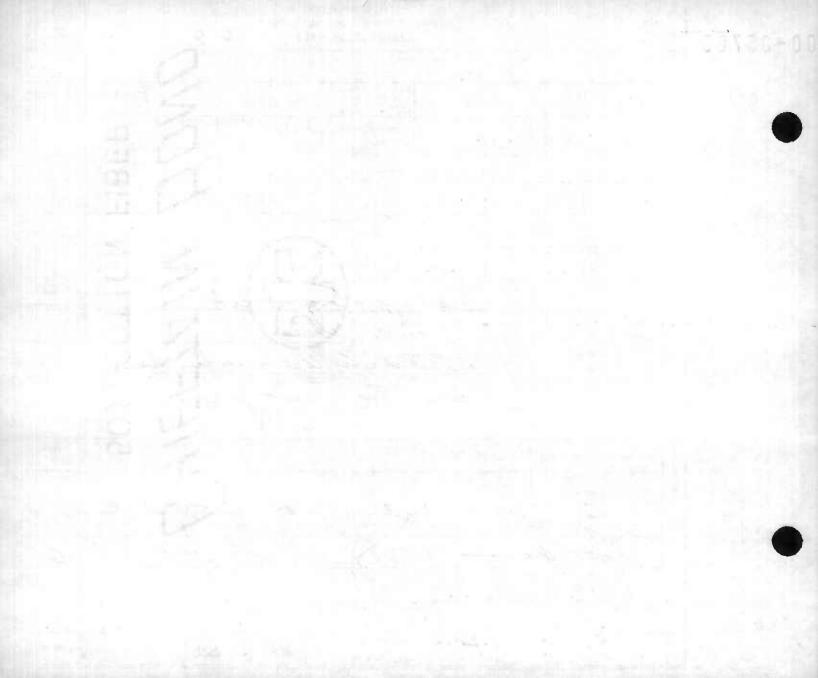
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00=05:798	TYPE	CEASED NAME FIRST WA	eter (1) m	Green leaf	20 DATE OF DEATH MONTH	3-86 930 M
ope 4 mo	3. SE	Male ISLAND ON TONE GAR	14 RACE SALL 15 CITIZEN OF WHAT COUNTRY?	5 DATE OF BIRTH MONTH GAY YEAR 1 23 61	6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUN	
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4 14 7	3	Mersville	HENOT IN SUCH FACILITY, GIVE STREET	Mand Nussing	(TYPE OF WORK FOR MOST OF WORKING	
hin 24 ho	1/	Taryfund 13h coth	A Joseph OR 100	IM INSIDE CITY L'MITS? YES NOW 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / ZIR CO	DE Themlas De
corted wit	Tha V	Henry VAS DECEASED EVER IN U.S. AR		Martha Thoma	WIGGE	Kontally med
, BALTIMOR		15 15. Co	nly one couse per ling-for (a), (b), or	Margaret Qu	een//	90 Marth as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON SI equires that the death cert in signed by the attending if Then please remove carbon to burial, cremotion, or ret injury, or other traumatic ev	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	ener far	Pace mal	GIVEN IN PART 110
The law residual in the la	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO
DIVISION OF VITAL RECOKDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig se as the burial-transit permit. Ther folth and Mental Hygiene prior to b marked or them 18 shaws any injur	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
At OR ATTEND the hospital of the hospital of the bobt of heal for use the Dept. of Heal 21 is min.	Ш	saw the deceased alive or	itol) attended the deceased from 19 1) view the body after death.	DEGREE ATTENDING PHYSICIAN	death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (we) last hour and from the causes stated
TO HOSPITAL TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE) Dr. D. Sawhn	iey	7421 Bal	to & Onnopole	Blod Hen Bun
BP	Vi	BURIAL, CREMATION, REMOVAL	5/8/86 U	NAME OF CEMETERY OF CREMATORY DILSON Meming	23d 9CATION CITY OR TO WELL TE REC'D. BY REGISTRAR 25b, REG	AH mid
DHMH - 16 60M 7/84 (VRA 15, 4)	4	manufactor	ons annak	solis, ma MA		Javidson Handalle



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5/63/	1 00	REGISTRAR CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH		REG. NO.		EDT
04/		OR PRINT)							DE DEATH MONTH	DAY YEAR	26. HOUR A
24	3 SE		ESSE	RACE	SLOAN	GR 5 DATE C	ICE		AY 3, 1986	IF UNDER 1 YEAR	3:20 M
		Male			ite	Jan.			58 YRS	MONTHS DAYS	HOURS MIN.
20		RTHPLACE ISTATEORS		U.S.	what country? A.	MARRIE WIDOWE	NEVER MARRIED DIVORCED	_	ORE CITY <u>OR</u> COUN E ARUNDEL		MD.
34		TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE H ARUNDE I	ADDRESS)	TTAT.	(TYPE OF WO	OCCUPATION ORK FOR MOST OF WORKING Inting	LIFE) INDUSTRY	of BUSINESS OR keeping
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medicol		VAS DECEASED EVER			16h SOCIAL SEC	JRITY NO.	17 INFORMANT	1.1	ADDRESS	100	
/		YES NO OR UNKNOWN)	W.W.	XAR OR DATES)	238.07.5	5980	Harriet B.	Grice	Wife Sa	me as 1	3
ow ony injury, or other	CERTIFICATION	cause (a), statin underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT	lost.		pretty	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	OPSY? 20b. IF	1	INGS USED
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7	MEDICAL	I F EITHER NOTIFY MEDIC	CALEXAMINER)	P.		19					
	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR		21e PLACE (AT HOME STE	OF INJURY REET, FACTORY OFFICE,	FARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) saw the decease above (1) we to	d alwa an	3/2	10		d that in (my)(aur) apinic DEGREE	5, to	ed on the date and h		that (I) (we) lost e causes stated
		1180	3/6	-		The		MEDICAL DIRECTO	STAFF PHYSICIAN	5/2	3/86
/		JAMES		NJAMIN,	M.D.	1			ILL ROAD	21108	
IMPORTAN	23o. E	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATOR	y 23d. LOC		COUNTY	STATE
		Burial		May 5.	1986 Gl	en Ha	ven Mem Park	Gle	n Burnie	A.A.	Md.
7/84		INERAL DIRECTOR NAME .ngleton Fu	neral	Home, G	len Burn	ie, Mo		ATE REC'D. BY	1986 PEG	ISTRAR'S SIGNA	TURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR MIDDLE 20. DATE KNOWN DECEASED NAME MONTH DAY 76 HOUR (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE EFUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS DEATH MATED JULIE BAXLEY -18-86 19 GUNTER 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 5 16 1919 67 YRS 5-18-86 19 Female Cauc 2:20PM 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County U.S.A. Carolina WIDOWED X DIVORCED PAGE 5 18. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Housewife North Arundel Hosbital Glen Burnie RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 30. STATE Anne Arundel 7835 E Shore Drive Maryland YES [Pasadena NO X BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST William Baxley Unknown 160 WAS DECEASED EVER IN U.S. ARMED I UNCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS [YES, NO, OR UNKNOWN] LIF YES, GIVE WAR OR DATES! 220 14 6875 Linda Allman 811 224th St APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (HEAD, ONLY) FICATE WRITING IN-219. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR self/inflicted CONTRIBUTING TO CAUSE OF DEATH 1258.M. 5-18-86 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CHE EXECUTE THE CERTIFICATE, WRITE PACE 4 SHOULD BE PORWARDE TO FUNERAL DIRECTOR; PAGE 3 AFIRE DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 31201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 7835 E. Shore Rd/ home Pasadena, maryland 220. I certify that I took charge of the remains described OHEAD! ONLY Autopsy Inspection Inquiry and in my apinian Homicide Undetermined manner Accident Natural causes TITLE (SPECIFY) ACTUAL DATE 5-19-86 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Catonsville (B.) Cremation 1986 Westview Memorial BP. 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5) Raymond C Fink Glen Burnie, Md 20M 4/82

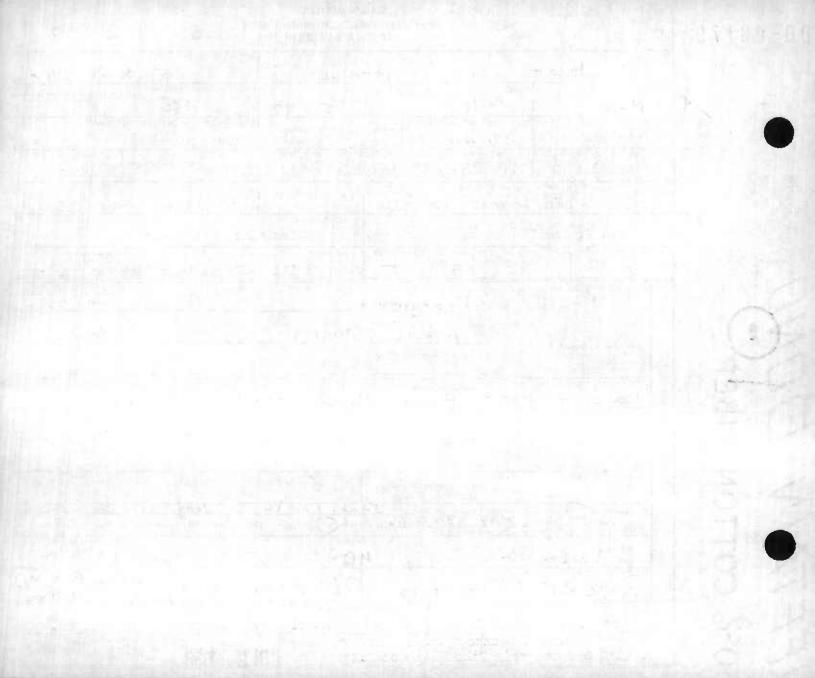
STATE OF MARYLAND

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00-08179	FOR STATE REGISTRAR		DEPARTMENT OF	FICATE OF DEATH	BIENE 8 6	12864
moy be poge 3 er deoth	I. DECEASED NAME (TYPE OR PRINT)	JGH G.		AMILL	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR 30 86 1/ A M
4 of of	Male	White	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
eoth. Page nerol direc	BIRTHPLACE (STATE OR F	76. CITIZEN OF WHA	AA A D D IS	D NEVER MARRIED DIVORCED X	BALTIMORE CITY OR CO	
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maryling of the state of within	14 FATHER'S NAME Hugh F.	Hami II	LAST	IS MOTHER'S MAIDEN NA WILL	ME	
BALTIMORE, cote be executed by sistem ond cote papers. Pages 1 vol.	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	LIE YES GIVE WAR OR DATES!	SOCIAL SECURITY NO. 15 05 4776	John Hamill	78 West Deer	20877 Park Gaithersburg
		I (Enter only one couse per line) AS CAUSED BY: IMMEDIATE CAUSE (o)	for to), (b), and ic).	4-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ATTENDING F spirol or otte CCTOR: After 1 d for use os th of Health on n 2 1 is marked	22a.1 certify that (I) sow the decease obove (I) Live) (d	LE L	ceosed from Jacobs 19 86 o	nd that (my) (our) opinion	. to MPhy	30, 19 86, the (T) we) lost and hour and from the causes stated
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TO HOSPITA retained by TO FUNER should be Shou	ROBE	et N Koz	5HLER_	780 Ritch	re Highway	Soverna Part MD 21146
BP	23a. BURIAL, CREMATION, (SPECIFY) Cremati	on June 2,	1986 Westvi	EMETERY OR CREMATORY Lew Memorial F	23d LOCATION CITY OR TOWN Catonsvill	e Balto. Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	Inc. 4112 Old	arry H Witzke & I columbia Pike	& Family Fur	neral Home ^{25a DAT}	1986	EGISTRAR'S SIGNATURE



(TYPE	REGISTRAR CEASED NAME FIRST OR PRINT) (WIDDIE	, /	ICATE OF DEATH	REG. NO.	217	-10
		117	H	1 8415	5-18-80		26 HOUR 4:
a. BII		4. RACE	5 DATE C	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHD)		
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_	RYLAND TY OR TOWN OF DEATH	U.S.A.	WIDOWE	DIVORCED [Anne 1	Arunde	O OF BUSINESS OR
A	nnepolis	Anne Arun	del Gen	Hosp	(TYPE OF WORK FOR MOST OF WI		
13a S	136 COL	INTY 13c. CITY	OR TOWN	YES NO	815B BC	tsy Court	21401
4 FA	THER'S NAME JOHN	MIDDLE	RRIS	IS MOTHER'S MAIDEN NA	WE	SIMON	LAST
6a. V	VAS DECEASED EVER IN U.S. A					21401	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly one cause per line far to	T FBI	URE		APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
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	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MOI		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
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				d that in (my) (aur) apinion	, todeoth accurred an the date	and hour and from t	n, that ptf (we) lost he couses stated
	27b. SIGNATURE	C. Rua		ATTENDING	MEDICAL STAFF	V	TE SIGNED
	PHYSICIAN'S NAME (TYPE	Robert 3.	3 .	16/6 Foru	STOR A	anopotis	2140
		23b. DATE 5-22-1986			23d LOCATION CITY OR TOWN Annapolis	COUNTY	Marylan
2	MEDICAL CERTIFICATION MEDICAL CERTIFICATION	TOTAL	DUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) 30. STATE A FATHER'S NAME JOHN MIDDLE HA 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CO Conditions, if any, which gover rise to immediate couse (a), stofing the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 190. DATE OF OPERATION 190. CONDITION FO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. 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	100			STATE OF MAKILAND		
0	1.	FOR STATE		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6	12366
9	1 00		. Hartless	LAST	REG. NO.	DAY YEAR 75 HOLLD
Y.		CEASED NAME FIRST	T-1: - 1	11 +1 ==		10 1100K
100		Alice	Firabetti	Mar 11235	5	17 86 3:15 P. M
1	1. SE	F /	RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
LE?	10	1 = ma/e	White	11 19 23	62 YRS	
€2	7a. Bi	RTHPLACE STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
\sim	V	insinia	USA	WIDOWED DIVORCED	Anne Arund	e MD
37	HT.	TY OMOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
90	B	rootelyn Parti	5228 Fourth	Street	House wife	
1	13a S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT	THER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP CO	DE 21255
C		MD A	A Broitky	PORK YES NO [5228 Francia	Street
10	14. FA	THER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
W)		WILEY	M. LIPSCO	MB MARY	G.	
9		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
	5	NO OR ONCHOWN	225-14-	6833 HENRY HA	ARTLESS (SA	ME AS 13e)
		II CAUSE OF DEATH /Enter only	ane cause per line for (a), (b), ar			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4.	PART I. DEATH WAS CAUSED IMMEDIATE	BY A.L	4		2 months
omalic s		IMMEDIATE				
	18	Canditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		LY MITTURE A
	0	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	SNOT OF		
		underlying couse lost.	DUE TO, OR AS A CONSEGO	ENCE OF		
	2	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART I (a
	O.	Dinhetes	9			
1	FICAT	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			ES, WERE FINDINGS USED
7	TIFE					TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
5	CENT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART ?}
		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR		
	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
	*	annat NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) SINEET	CITY ON TOWN	31412
		27% I certify that X this hospita	all attended the deceased from.	9 May 19 44	10 17 Mg	, 19.66, that (I) (we) last
21.45		sow the deceased aftive on_abave, (1) (we) (did) (did nat)	16 M3 - 19		death occurred an the date and h	our and from the causes stated
		The FURE	view the body after death.	DEGREE		22c. DATE SIGNED
	13	VI Burners &	PMUSTOS	ATTENDING PHYSICIAN [MEDICAL STAFF	5/1/16
7	1	26 PHYSICIAN'S NAME THE OF	Wint	22e ADDRESS	_ DIRECTOR ATTITION TO	13/1/00
	lá	Howard E	Shute	M.D. 205 OAK	Avenue, Sever	na Park MD 21146
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	CORNIY
		Burlal		estlawn Mem Pk		Maryland Maryland
7/84		UNERAL DIRECTOR Balt:	imore, Md.	21225 Z5a DAI	TE REC'D. BY REGISTRAR 256, REG	STRAR'S SIGNATURE
	(eorge J. Gond	se 4001 kitch	Te ugwy.	1 21 1986 Julia	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) HARVEY MAY MARGARET ELIZABETH 1986 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YFAR Female White 1914 May 14 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED ANNE ARUNDEL COUNTY Maryland USA WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NORTH ARUNDEL HOSPITAL Seamstress Cleaners MOUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 136 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland A A Co. Millersville 552 Jeffrey Road 21108 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE James Wilson Arnett Butler Norma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (Son) ADDRESS 3601 Mactavish Ave. I YES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 213.20.4257 Milton J. Harvey, III Balti., Md. 21229 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Deritoreic CHCINOMATOSIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? CareINOMB FOSIS NO YES [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC) CITY OF TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the degeased from and that in my (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body offer death? 22b. SIGNATURE DEGREE 771. DATE SKIDNE ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS SUITE 500 7300 RITCHIE HIGHWAY, ld b SUDWIN GLEN BURNIE, MARYLAND 21061 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial May 3, 1986 Cedar Hill Cemetery | Brooklyn Park Md. 24. FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1986 (VRA 15, 4) Singleton Funeral Home Glen Burnie, Maryland while Decider - yourselese

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STATE OF MARYLAND

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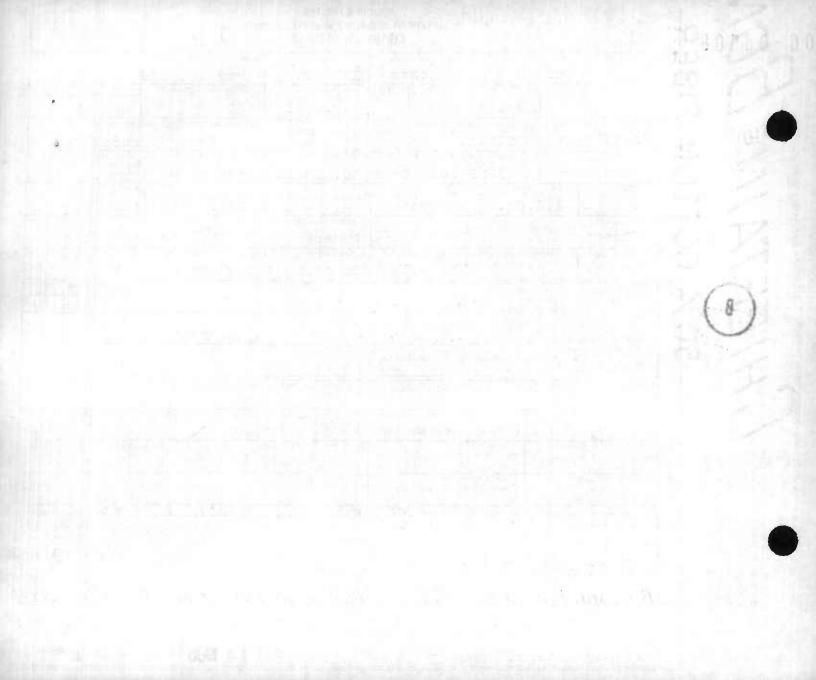
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00-07029	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE	IENE R 6	2870
	REGISTRAR CERTIFICATE OF DEATH	REG. NO.	EDT
nay be poge 3 r deoth	1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) GOLDIE AMANDA HILL	MAY 14,	1986 25 HOUR 145 PM
ctor, po	3. SEX 4 RACE S DATE OF BIRTH Female White April 1 1896	6 AGE (IN YEARS LAST BIRTHDAY) IF L	UNDER I YEAR IF UNDER 24 HRS
ath. Pog	70. BIRTHPLACE (STATEOR FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED X NEVER MARRIED MORCED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL	
s office to	OCITY OR TOWN OF DEATH OCITY OR TOWN OCITY		126 KIND OF BUSINESS OR INDUSTRY Own Home
AND 213	Maryland A A Co. Glen Burnie YES 🗆 NO 🔣	13e.STREET ADDRESS / ZIP CODE 803 Bunch Ave	. 21061
MARYL ompletel	Thomas MIDDLE MIDDLE LAST Walker 15. MOTHER'S MAIDEN NAM FIRST Amanda	WIDDLE	Lee
TIMORE Consider Consi	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (Dau (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-24-5599 Mrs. Patsy A	ghter) ADDRESS 807 B A. Mise Glen Bu	rnie, Md.2106
W. PRESTON ST.; BALTIMORE, MARYLAND 2120 bit the death certificate be executed within 24 hours by the ottenth cremation, or remavol. cremation, or remavol. stream or complete the complete to the complete the complete the complete the complete that the complete the complete that the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO, OR AS A GOISEQUENCE OF Conditions, if any which		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the other this certificate has been signed be as the buriel-transit permit. Then pleas the and Mental Hygiene prior to burial, arked or them 18 shows any injury, or a direction of the order	Uglular Hard Condition for which operation was performed 190 Date of operation 190 Condition for which operation was performed 210. Accident was underlying 210. Time of Injury 210. How Injury occurring 100 Conditions 100 Condit	200 AUTOPSY? 20b. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?
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NVISION UG PHYS offer this c as the bur h ond Me	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED AT WORK	CITY OR TOWN	COUNTY STATE
ATTENDIP spiral or CTOR: A d for use a of Health	19 1 certify that it (this boso to) attended the deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that in (my lover) opinion deceased from 19 6, and that it is that it is the opinion opinion deceased from 19 6, and that it is the opinion opinion deceased from 19 6, and that it is the opinion opinion opinion deceased from 19 6, and the opinion opi	eoth occurred on the date and hour ar	nd from the couses stated
TAL OR y the how the DIRE detached to Dept to Dept to Dept to Dept Telescope to Dept Telescope T		STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL etained by the TO FUNERAL should be detained the State IMPORTANT: If	DAVID A. SCHWARTZ, D.O. GLEN BURN	15 OAKWOOD ROAD, # NIE, MARYLAND 2106	200
BP	Burial, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Par		A A Co. Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	Singleton Funeral Home Glen Burnie, Maryland	Y 20 1986 June van	R'S SIGNATURE

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STATE OF MARYLAND



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	oy be	(TYPE	OR PRINT)	Ent	G.	To	RIO		5/26/8	86 35
	moy pog	3. SE		4. RACE	G.	5. DATE OF		6 AGE (IN YEARS LAST BE		R T YEAR IF UNDER 24 HRS
1		3. 3E	- 415 - 2			MONTH	DAY YEAR		MONTHS	DAYS HOURS MIN.
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	1 1	-	New York	Unite		\$WIDOWED	DIVORCED		ARUNDEL	
	1 11 10	100	ITY OR TOWN OF DEATH	(IF NOT IN SI	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS	OTHER INSTITUTION		OF WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
102	2 2 00		napolis		Magothy		le	Manufact	ure REP.	Electron
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N N	2 11/20	Md		.A.	Annapo	- 0	YES NO		othy Cr.	/ 21401
3,5	\$ 200 m	14. F	ATHER'S NAME	WIDDLE	1461		15. MOTHER'S MAIDEN NA	ME		LAST
Ž Š	4 DAKC	Vi	ncent	G.	Iorio.	Sr.	FIRST	Unknow	n -	LASI
RE, I	0 0 0	16s \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	RESS	
WO		No		IVE WAR OR DATES)	579-52	-1113	Letitia	A.Iori•	(same a	as 13)
ALTI	1 p 12/	H	18 CAUSE OF DEATH (Enter	anly one course of			^	Λ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1 000		PART I. DEATH WAS CAUS	SED BY:	MOL	anhat	ic Komal	Cancos		(year)
TS N			IMMEDI	ATE CAUSE (a)_	- PA(CIL	ADI (NO	- Contoca	30-7-00		- gran
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A E	st the deot y the otten se remove c cremotian, ther troum		Conditions, if ony, which gove rise to immediate	(b)_	100					
3	not the death by the ottendi sse remove cai , cremotian, oil		couse (o), stating the underlying couse lost	DUE TO,	OR AS A CONSEQUI	ENCE OF			1000	
10	ned by pleose uriol, cr	10		(c)_						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	sign Then to b	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TER	MIN AL DISEASE OR COM	ADITION GIVEN IN I	PART Ito
20	in. has been permit. I she prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATION	WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE	E FINDINGS USED CAUSES OF DEATH?
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9	CIA Physical Clarities ol-tr	14	OR CONTRIBUTING CAUSE OF D	EMIN	P.M.	19				
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VISI	DING Plon of After the control of the ond morked	Z	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY, OFFICE, F	FARM, ETC)	Ca	. /-	. 0	/
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	~ 5 ~ 0 0		obove, (1) (1) (did) (did i	nou view the bod	y offer deoth.	D	EGREE, FOR D	Stanley	Un # 122	L. DATE SIGNED
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05-29-1956 Hillorest Cet. Conspolis A.A. C. Inimial

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0065-07	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE B 6	287.4
20 6	I. DECEASED NAME (#)	MIDDLE	LAST		DAY YEAR 26 HOUR
y be	Virg		JArboe	5	9 86 11:20 m
ge 4 ag	female	Courcasian	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
od in di	INTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED X NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR COUNTY Anne Ar	undel Co. MD.
s affer d	Annapolis		G HOME OR OTHER INSTITUTION ADDRESS; General Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LT) Self-emp	12b. KIND OF BUSINESS OR INDUSTRY General Store
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O Collected within	14 FATHER'S NAME Roland	Lynn Cordre	y Christia		Graham
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ENDING PROBLEM OF THE THE USE OF THE Health and Is marked?		(AT HOME STREET FACTORY, OFFICE, F	192 Herald ti	16. Crowsville	AA md
PITAL OR ATTE by the haspite BERAL DIRECTO se detached for Store Dept. atl	SIGNATURE FL	Income the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
HOSPIT ained by FUNER auld be of the Ste	PETER V	ORPRINT)	1833 Fred D	nre Amuabolis	mel 21401

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

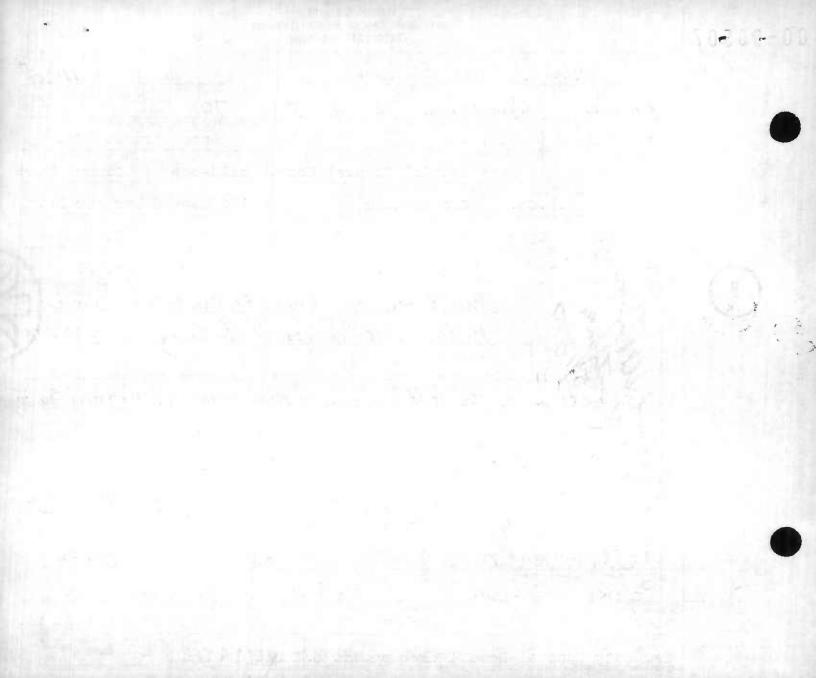
23b DATE 5/12/86

24. FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRADES SIGNATURA MANAGER Hardesty Funeral Home 12 Ridgely ave. Ann. Md. 2140

23c. NAME OF CEMETERY OR CREMATORY

Baldwin Memorial

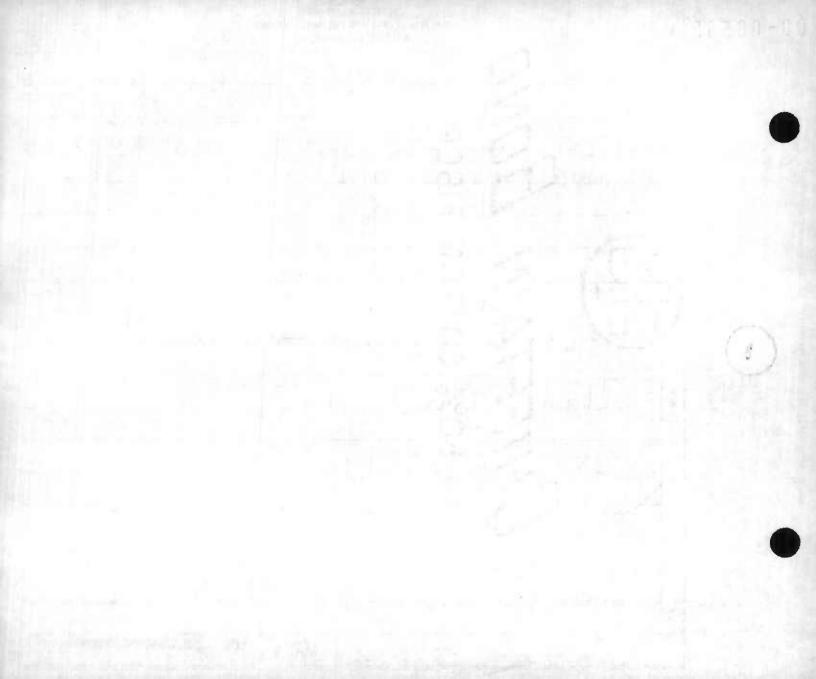
U.M. Millersville A.A. STAMd.



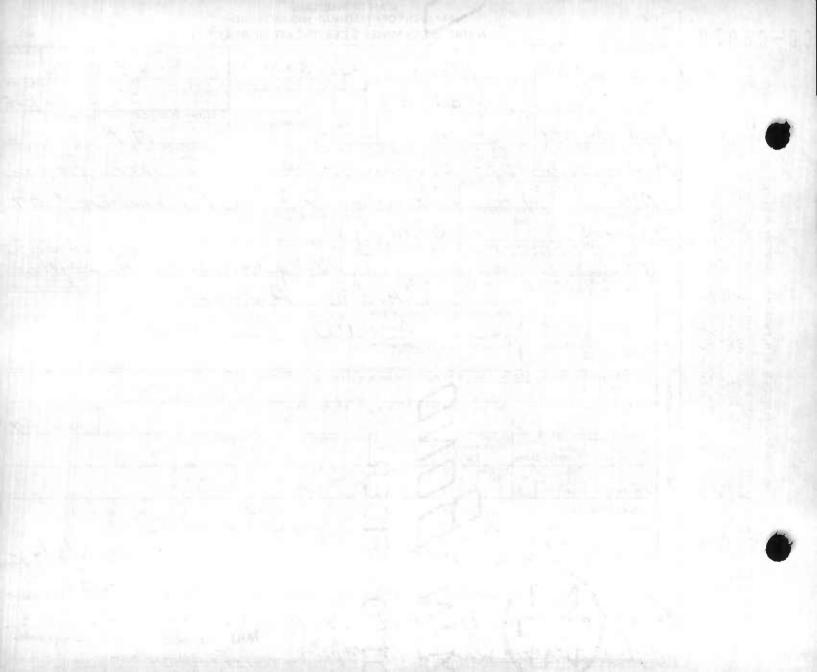
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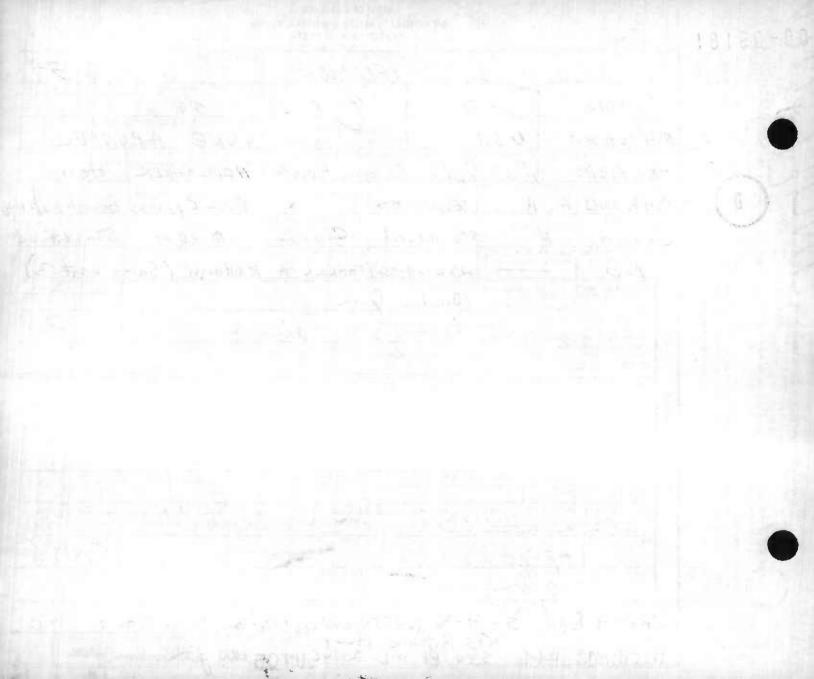
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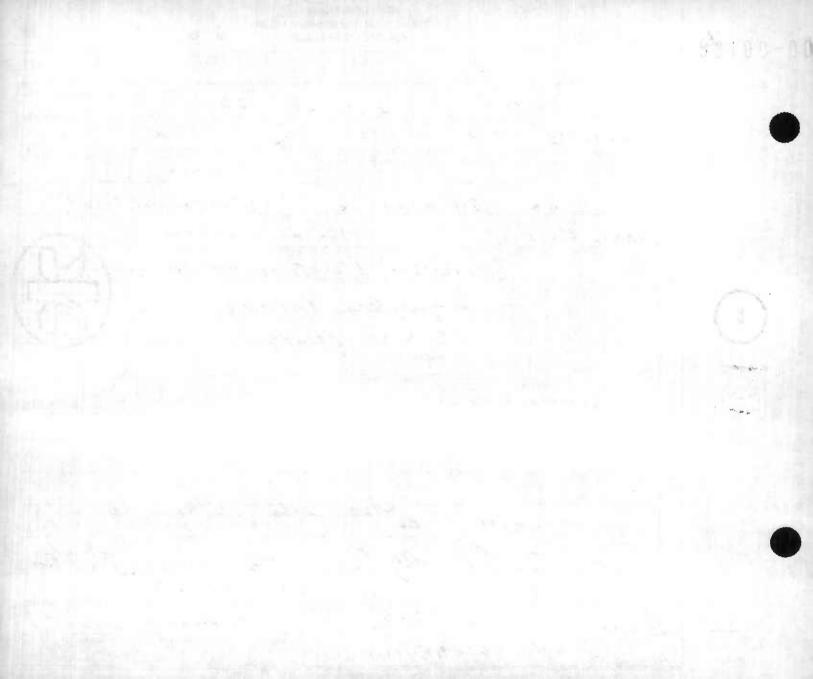
	1	STATE OF MARYLAND	
00 00070	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O DEG NO	2876
00-06070	I. DE	REGISTRAR MEDICAL EXAMINEK'S CERTIFICATE OF DEATH O REG. NOT. REGISTRAR RE	TH DAY YEAR 126 HOUR
W-1-20-3		YPE OR PRINT) OF ESTI-	5 5 1086 M
PLEAS ECTOR FUES STREET	11.56		
STATE		F Cau 7 25 6) STERRING DAYS HOURS MIN. PRONOUNCED DEAD 5	5,86 615
AND	o. B	BIRTHPLACE (STATE OR 75. CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COL	
THE STATE OF THE S	17	New Jersey US A WIDOWED DI DIVORCED A	A MD
20 五年 日	10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	
\$54 C	16	NNADOLIS 1035 NOVMAN DY WOOT HOMEMANON	Home
2 29250	13a S	UAL RESIDENCE AF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. COUNTY 136. STREET ADDRESS	21403
2 45888	1	Ma. 14 H. VINNAgolis YES & NO 1035 NOT MAR	10r 107
PS-H-W	1	FATHER'S NAME FIRST MIDDLE BLAST LAST FIRST MIDDLE MIDDLE	LAST
A SAME A	160.	Zdward Wradley Was deceased ever in U.S. Armed FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS & 1.	omorroest.
BALTIN RS AFTE F. GIVE P WITH FO PAGES DIVISION	0	(YES. NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wesley No. 1 Jonan A	NA Acelia
300-		18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), ar (a, k).)	APPR DXIMATE INTERVAL SETWEEN ONSET AND DEATH
PRESTON ST THIN 24 HO ILL IN TEM I ER ALONG INNST PREM ILL HYGLENE REMOVAL.		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CArdiac Arres T.	out well and out with out the
N ST P		DUE TO, OR AS A CONSEQUENCE OF	
WITHIN WITHIN ACIL IN INER A RANSIT TAL HY		Canditions, if any, which gave rise to immediate (b). ASCUD:	
W CAM		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
2 10 10 10 10 10 10 10 10 10 10 10 10 10		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
VITAL RECORDS, 20 SHOULD BE EXECUTE ORD "FENDING" IN CHIEF MEDICAL EX EUSED AS A BURIA IT OF HEALTH AND A	Z		
L SA HEA	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOUL SHOUL ONE TO HER	1		YES NO
		THE PERSONNEL TO THE POUR A.M. MONIT DAT TEAK I	R PART 2)
CERTHCATE CERTHCATE TING THE AV 3 SHOULD I DEPARTMENT I RICK TO I RICK TO I	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIVISION OF S. CERTHCATE RATING THE W RADED TO THE CR 3 SHOULD ZO FRICK TO ZO FRICK TO ZO FRICK TO	MEC		COUNTY STATE
WAL WAL		A COM	
PAND AND AND AND AND AND AND AND AND AND	1	276 Certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my	y apinian
EXAMI CERTIFI UID BE DINEC WARYL		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	1,
H DOUD WITH DISK		ACTUAL SIGNATURE ALLE MADE M.D. Deputy MEDICAL EXAMINER SIGNATURE	TE 5/6/86
UTE TH UTE TH UNERA R DEAT	7	SICH SICH EXAMINER	//
TO MEDICAL EXAMINATE THE CERTIFICATION OF PAGE 4 SHOULD B TO FUNERAL DIRECTOR AFTER DEATH WITH SHALIMORE MARY	4	EXAMINER'S NAME (TYPE OR PRINT) William P. Joes M.D. ADDRESS 695 America Ort. Davidsonvile, N	41. 21035
5X4548	230.5	BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION CITY OR TOWN	COUNTY STATE
BP	24.5	FUNERAL DIRECTOR 5/6/46 CECHAY /+1/1 SUIT/AND FUNERAL DIRECTOR 1/250. DATE RANDON REGISTRAR HAS REGISTRAR	S SIGNATURE
DHMH - 17 (VR A15 ME (5))	17	TOWNER OF FUNDER ADDRESS ADDRE	sandron-lithering
(VR A15 ME (5)) 20M 4/B2		mylo I uneva Chape INN MADOLIS -	



				STATE OF MARYLA	שאו				
81	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND N CERTIFICATE OF D		8 6	1	28	77
		EASED NAME FIRST	MIDDLE	11 LAST	, / 20	DATE OF DEATH	MONTH DAY	(()	HOUR O
-	CEN	IRIS.	L.	KELL-DUG.	H	105	5 23	, ,	INDER 24 MRS
3.	. SEX	EMALE	1. RACE 1. DHITE	S DATE OF BIRTH	7 YEAR 29	AGE (IN YEARS LAST BIRT	YRS	NTHS DAYS HO	
357	o. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER M	AARRIED	ALTIMORE CITY O		UNDEZ	
3	0. CJ	Y OR TOWN OF DEATH		RSING HOME OR OTHER INST	ITUTION 12d	USUAL OCCUPATION	ON F.WORKING LIFE)	12b. KIND OF BU	
2	JSU A	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	Op/TAL	HOMEMA	10	Hon	ne
	MF	PRYLAND A.	A. SEVER	NA PARK YES [NO 🗷	STREET ADDRESS		Beach	Rdpin
12)	-	THER'S NAME FIRST POSON H	MIDDLE Standi	Ford Cla	MAIDEN NAME	MI Lell	0-	Stand	1: fond
111	6a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIALS	ECURITY NO. 17 INFORMAL		ADDRE	SS		1-1
		NO -		24-5129 CARROL	LAK	ellough	(Sam		-(3)
event, the		IS CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (0), (b D BY: 'E CAUSE (0)	tre Com				APPROXIMATE BETWEEN ONSE	T AND DEATH
ofic e		IMMEDIAI	DUE TO, OR AS A CONSE	QUENCE OF A					
Enor		Conditions, if ony, which	(16) Eara		dena	~			
other troumotic		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF					
y, or		PART 2. OTHER SIGNIFICANT C	((c)CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINA	L DISEASE OR CONI	DITION GIVEN	IN PART 110	
y injury,	NO I								
À G	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFOR		200 AUTOPSY?	IN CERTIFYII	WERE FINDINGS NG CAUSES OF I	DEATH?
4	CERT	210. ACCIDENT WAS UNDERLYING				YES NO	YES		10 🗌
1 400		OR CONTRIBUTING CAUSE OF DEA	(In	DAY YEAR					227.50
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.) 21f. LOCATIO	N	CITY OR TO	wN	COUNTY	STATE
		AT WORK AT WORK		- 1.0107		1.0	401		
- 1	- 1	220.1 certify that (I) (this haspi			our) opinion deol	to S/28			(1) (we) lost
		about (1) (/wax/did) (did as	t) view the body ofter death.	DEGREE				22c. DAJE SIG	
Ea		22b. SIGNATURE							
=			KINS	Α	TTENDING A	MEDICAL STAF		5/28/	86
*		276. SIGNATURE WAT	KINS infiliali	Α	PHYSICIAM D	AEDICAL STAP IRECTOR PHYSIC		5/28/	86
*		276. SIGNATURE SATURAT	KINS	A F	PHYSICIAM D	AEDICAL STAF IRECTOR PHYSIC		5/28/	86
IMPORTANT: If Item 21		276. SIGNATURE SATURAT	th	A F	PHYSICIAM D S CREMATORY	IRECTOR PHYSIC	IAN []	S/28/	86 mb



STATE OF MARYLAND



DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MA	RYLANI)
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(C)	O	Car
-	REG. NO.	

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-	Com	O	EDT	1

6	1 - ST RE				DEPARTN		EALTH AND MENT		NE 8 6	NO.	2 8	3 4	or 9
	1. DECE A	SED NAME	FIRST	Cyung	MIDDLE	KIM	AST		MAY		1986	²⁶ нои	R PM
1	3. SEX	SEX 4 RACE				5. DATE C			AGE (IN YEARS LAST I	BIRTHDAY}	IF UNDER 1 YEAR	IF UNDER	
ı		Female		Wh:	ite	Oct		920		65 YRS	MONTHS DAYS	HOURS	MIN.
1	COUN	,	FOREIGN		WHAT COUNTRY?		D NEVER MARR	IED '	BALTIMORE CITY		OF DEATH	v	
-		1, Korea	ATH	Korea		WIDOWE	DROTHER INSTITUT		20 USUAL OCCUPA		12b. KIND O	_	MD.
H	G	LEN BURN	IE	"NORT	T'ARUNDEL	HOSP			TYPE OF WORK FOR MOS Homemake	OF WORKING LIF			.33 OK
-	SUAL R	ESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LI	MITS?	e STREET ADDRESS	ZIP CODE	#104		
Ŀ		yland	AA	Co.	Glen Bu	rnie	YES NO	X	7824 Park	e West	Drive	210	61
A	14 FATHE	ER'S NAME FIRST	N	NIDDLE	LAST		15. MOTHER'S MAI	IDEN NAME	WIDDLE		LAS	1	
	-	hong		Sun	Kim		Ok				Shi	n	
1		DECEASED EVER		WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	(Daug	ncer)	RESS	12		
П	_			N/A	521.08.		Mrs. You	g Ae	Hickerson	Same	as 13	MATE INTER	VAL
	18	PART I. DEATH W	AS CAUSED	y ane cause per) BY: E CAUSE (a)	Ine for (a), (b), and		al H	emor	linge		BETWEEN	MATE INTER	DEATH
1					R AS A CONSEQUE	NCE OF	4					1	
d		anditions, if any,		(b)	H	y pr	Finem		,		4	en	
	CC	ave rise to immouse (a), statin nderlying cause	ng the		R AS A CONSEQUE	NCE OF					0		
		RT 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CO	NDITION GIV	EN IN PART 10	a	
2	CERTIFICATION 130	190 DATE OF OPERATION 196 CONDI			ITION FOR WHICH	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES IN CERTIF	, WERE FINDIN YING CAUSES	NGS USED OF DEAT	H?
7		ACCIDENT WAS UND	CAUSE OF DEAT	10	DE INJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY	OCCURRE	ENTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART 2)		
	-	I. INJURY OCCURI		21e. PLACE	OF INJURY		211 LOCATION		CITY OR	LOWEL .	COUNTY		TATE
1		NOI WE AT WO	RK	(AT HOME, ST	REET FACTORY OFFICE F	ARM, ETC }	STREET		CITYON	OWIT		·	TAIL .
Ì	220	saw the decease abave, (I) (we) (c	ed alive an	5-2		52	nd that in (my) (aur)		ath accurred an the	-	and Iram the	that) (v	we) last ated
	228	SIGNATURE	7	2	21	Sm		DING V	MEDICAL ST DIRECTOR PHYS	AFF	22c. DATE	SIGNED .	-86
1	720	PHYSICIAN'S N	ME (TYPE OR	PRINT)	1		22+ ADDRESS		AOUAHART I				
		SANG C	. DOH,	M.D.	//	15.0	GLEN		IÈ, MARYL		061		
	23a. BURI	IAL, CREMATION,	REMOVAL	23b. DATE	23€. №	IAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	77	COUNTY	5	TATE
		Buria	_	May 31	, 1986 Me	adowr	ridge Mem.	Park	Elkridge	Но	ward		d.
	100	RAL DIRECTOR C	No	Hysku	ADDRESS			N	3 1986	RI256 REGIST	RAR'S SIGNAT	Wildell Market	6
	Sin	gleton F	uneral	Home	Glen Bu	rnie,	Maryland	JUN	9 1900	0			

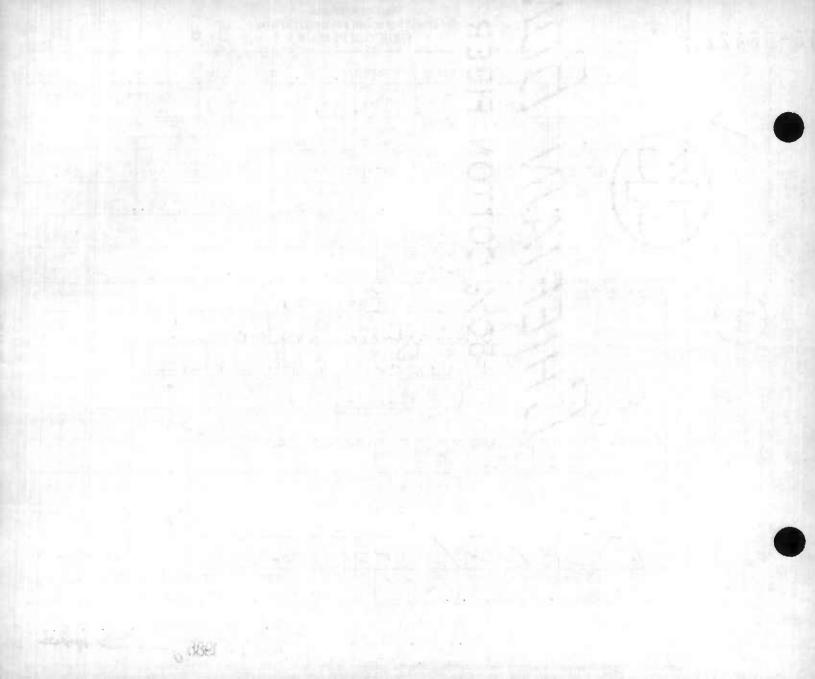
6422	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 1	2 8 8 0 EDT
	(TYPE OR PRINT)	RST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
+0	HENRY	H oward	KINSLEY, Sr.	R MAY 7.	1980 1115MP
0.4	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS
St.	/ Male	White	Sept, 14, 66	79 YRS	DATS NOORS MIN.
100	BIRTHPLACE (STATE OF FORE	GN 76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
1999	Md.	USA	WIDOWED DIVORCED	ANNE ARUNDEI	COUNTY MD.
134	© CITY OR TOWN OF DEATH GLEN BURN		NG HOME OR OTHER INSTITUTION LADDRESS! EL HOSPITAL	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY Balto.
133		HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 13% CITY OR TOV A. A. CO. Severns	VN 13d INSIDE CITY LIMITS? RES NO ME	13. STREET ADDRESS / ZIP CODE 41 Mulard Ct.,	21146
112	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
114	Howard		sley Lillie	Moore	Armiger
100	160 WAS DECEASED EVER IN E (YES, NO OR UNKNOWN) (II	J.S. ARMED FORCES? 16b. SOCIAL SEC YES GIVE WAR OR DATES) 216-16		ADDRESS ie E. Grofebert	Saem as13
the state of the standing of t	PART 2. OTHER SIGNIFIC	ote the DUE TO, OR AS A CONSEOU (c) HYPEY CANT CONDITIONS CONTRIBUTING TO CO DES OV de r	tension \$ At	200 AUTOPSY? 20b. IF YES, W	ERE FINDINGS USED
S and a second	190 DATE OF OPERATION		21c HOW INJURY OCCUR	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	
1 1 E	OR CONTRIBUTION TO CAUC	E OF DEATH HOUR A.M. MONTH	DAY YEAR		
1 4	(IF EITHER NOTIFY MEDICALE	21e PLACE OF INJURY	19 211 LOCATION		
T T	NOT WHILE	LAT HOME STREET EACTORY OFFICE		CITY OR TOWN	COUNTY STATE
10 10			July 10 73	7-11ail 1	86 10000000
1 4 5		s-nospital) attended the deceosed from live on (did not the with backy the death)		death occurred on the date and hour on	d from the couses stated
fr Dept. o	obove, (I) (was Anderson Street	did not view the body after death.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 12 - May - 86
PORTANI	RTCHART	E. FISHER M.D.	1994 APPROPER	710 PENNINGTON AVE	
22327	230 BURIAL CREMATION PEA		NAME OF CEMETERY OF CREMATORY		

23d LOCATION
CITY OF TOWN
Glen 5/10/86 Burial Glen Haven Mem 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Homes (VRA 15, 4)

23b. DATE

230. BURIAL, CREMATION, REMOVAL

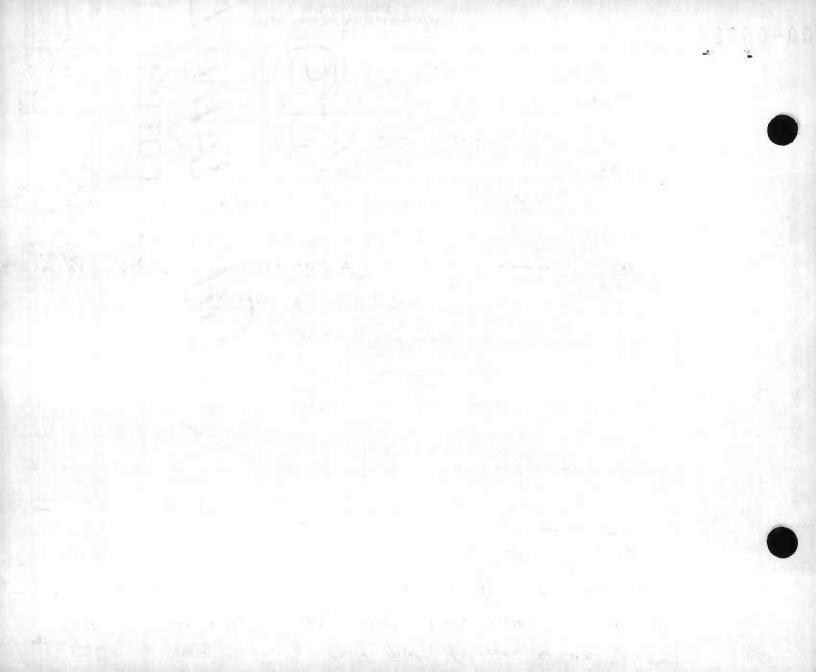
23c NAME OF CEMETERY OR CREMATORY



Agent Armed Sile . The Levil to ... Levilgeon Leternal Labourth agent A. (Selenani, Sr. Side Mill. C. E se come in the frink if graden Salliga State at the MV

the bearth cars, and thromated and an early beat good but the age Tenta sungel ince Borne, and Abrica Spier and Legal

00-05630	FOR 1 - STATE REGISTRAR DECEASED NAME FIRST	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE LAST 120. DATE OF DEATH MONTH.	2 8 8 2
y be	(TYPE OR PRINT) ALBER	et PAUL KRUMINS 05.02.	86 OST3 _M
age 4 mo	3. SEX MARK	1 RACE AUCASIAN S DATE OF BIRTH MONTH OF DAY OZ YEAR O YRS	FUNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN. C C L L 3
death. Po	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY WIDOWED DIVORCED	OF DEATH MD.
Softer of the control	ANNAPULI)	117. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AGE H 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
LAND 212	USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) DUNTY 136. CITY OR TOWN 138. INSIDE CITY LIMITS? 130. STREET ADDRESS	Pd And and
MARYLL ed within	14. FATHER'S NAME FIRST BERT.	MIDDLE LAST COUNTY FIRST MIDDLE S	PROGIS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, TAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executly the baspiral or attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and detached for use as the buriol-transit permit. Then please remove carbanpop trate Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. It if them 21 is marked on them 8 shows any injury, or other traumatic event, the retirion	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES		I DANN.
	PART I DEATH WAS CAI	anly one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 7 // 2
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN		EN IN PART LIG
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	OR COLUMN TO CALLER OF	DEATH HOUR A.M. MONTH DAY YEAR	ART I OR PART 2)
	OR CONTINEUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
	saw the deceased alive	on 19 attended the deceased from 15 to 10	ond from the causes stated
	22b. SIGNATURE	aftending medical staff Physician Director Physician	221. DATE SIGNED 05:02-46_
TO HOSPITAL TO FUNERAL should be deta with the Store	MICHARL	J. La PENTA UN 703 GIDDINGS AVE ANN	IAPOLIS MIL
BP	230 BURIAL, CREMATION, REMOVE (SPECEY)	may 6/986 Wester PARC BATAMORE	COUNTY Md STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR J. A. HARdey	Hy Awage ks Md- 21701 MAY 6 1986	RAR'S SIGNATURE



DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

Hardesty Fun. Home 12 Ridgely Ave. Ann. Md.

Annapolis, Md. 21401

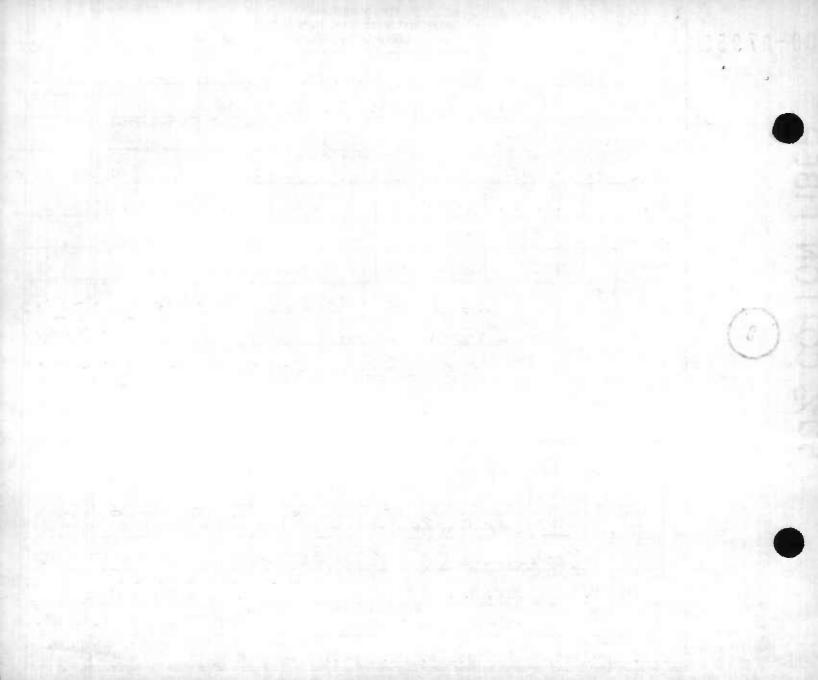
BY REGISTRAR 250, REGISTRAR'S SIGNATURE

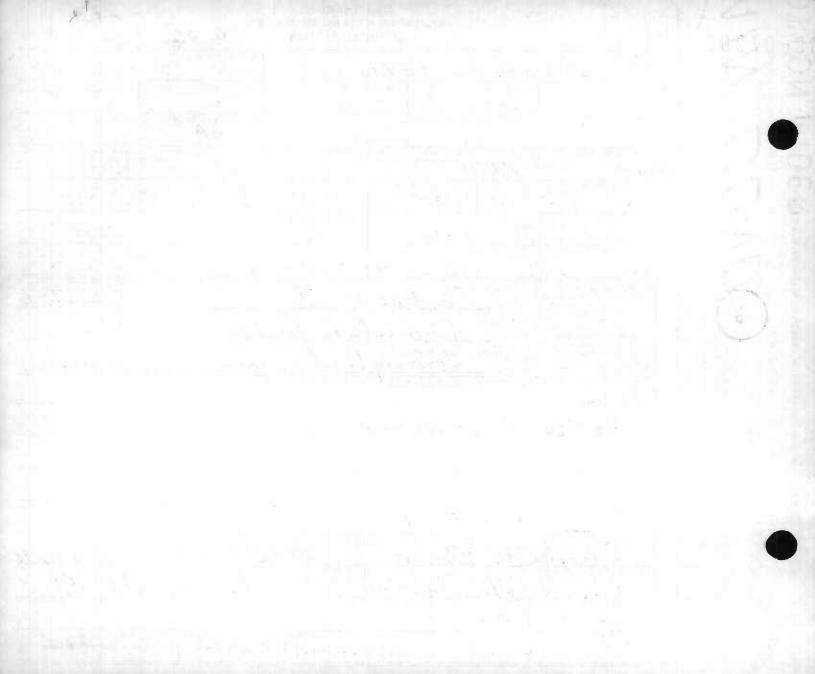
24. FUNERAL DIRECTOR

Hardestv

DHMH - 16 60M 7/B4

(VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR 26. HOUR 20. DATE OF DEATH MONTH MIDDLE 1. DECEASED NAME 1986 JOSEPH Sr Jacob Mav 14 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 4. RACE 3 SEX DAYS HOURS YEAR MONTH 17 CAUCASIAN 1927 March BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY TO BIRTHPLACE ISTATE OF FOREIGN MARRIED A NEVER MARRIED COUNTRY) Maryland WIDOWED DIVORCED 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Manager- Body-Shope = Auto NNAPOLTS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ould be 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 13a. STATE 21122 PASADENA NO K 15. MOTHER'S MAIDEN NAME and 2 sh 14 FATHER'S NAME LAST LAST MIDDLE MIDDLE Lichtfuss, Sr. John th Elizabeth Reb ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME 214-24-5325 18 CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206, IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY DIVISION OF VIT 80 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED ā COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (I) (this haspital) attended the deceased fram and that in (my) (our) apinian death accurred on the date and hour and fram the causes stated above (1) (we) (did) (did not - w the bady after death DIRECT 22c. DATE SIGNED THE SIGNATURE DEGREE ATTENDING MEDICAL STAFF * DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e. ADDRESS 124 PHYSICIAN'S NAME (TYPE OR PRINT) should b 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 23a, BURIAL, CREMATION, REMOVAL STATE COUNTY Burial May 17.86 Glen Haven Mem. Park Glen Burnie. Anne Arundel Md BP. 250. DATE REC'D. BY REGISTRAR 256. RÉGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 25M TO JEST - Northern (VR A 15 (4)) 9/74 1986



47720-00 MAY 16 18.4

	1			STATE OF MARYLAND		
071	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	1 2 8 8 8
0011		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONT	20 7.00%
10		JACK		LIVINGSTON	MAY	5, 1985 1155 _M P
2	1. SE		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
2		Male	White	Feb. 23,1902		YRS.
82	10.11	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
1	V	TYPO OWN OF DEATH	USA	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	RUNDEL COUNTY MD.
4	2	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE NO. T. A.C.)	STREET ADDRESS) JUDEL HOSPITAL	Terred	
35	Ust Un	AL RESIDENCE (IF NURSING HOME OF	VIX POR	BEFORE ADMISSION) 134 INSIDE CITY LIMITS? YES NO X	1025111	code 21122 reck Road
00	15	THER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN N	AME	LAST
1	16 a V	VAŞ DECEASED EVER IN U.S. AR	TOWN	SECURITY NO. 17. INFORMANT	Inknown	1 11 0
/	100 V	(ES NO OR UNKNOWN) (IF YES, GIV	E WAR GR DATES)	18:0614 Etbel K		creek food
		18. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (l	or, and Ich		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i i		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o) CAND	10 PULMONIAMY	Ann159	
altic		1 6	DUE TO, OR AS A CONS	EQUENCE OF		
1		Conditions, if any, which gove rise to immediate	(b) COM	CISTUM MIMIT	PAILUNG	
6		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONS			
0			(c) RINI			
When	NO	PART 2 OTHER SIGNIFICANT (conditions <u>contributing</u>	S TO DEATH BUT NOT RELATED TO THE TER	minal disease or conditio	N GIVEN IN PART 110
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
8/0	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
1	CAL	OR CONTRIBUTING CAUSE OF DE		19		
/	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	ORK NOT WHILE	TAT HOME. STREET, FACTORY, O	THEE, PARM, ETC.)		
a di		22a. I certify that (I) (this hospi		rom 19	e_, to5/5	, 19 , that (1) (1) Tost
		sow the deceased alive on	ot) view the body ofter death.	19 , and that in (my) (or opinion	n death accurred on the date or	nd hour and from the causes stated
ž.		II SIGNATURE		DEGREE		22c. DATE SIGNED
- - -		Msu	~	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/6/86
1		224 PHYSICIAN SNAME INTO	OR PRINTS	22e ADDRESS	518 S. CAIP M	EADS ROAD
PORT		JOHN SHAV	TERS1.0	TITTE		
21	23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	r.Ounty STATE
	LC	remation	may 1,1986	Cedar Hill	Surtland	P.G. MI
M 7/B4	24 FI	INERAL DIRECTOR	0		ATE REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
)	la	ylor tunera	Chapel-F	Innamis Mi)	MAY 9 1986 #	who Davidson Range
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	1	STATE OF MARYLAND	
00-07949	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REG. NO. 2	3,8 3
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 2b. HOUR
ASE LES. EET,	(TYE	(Lobert E. MATHERS DEATH MATED 5	23.086 0600
PLEASE RECTOR. R FILES. HOURS STREET,	3 SEX	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS FOURS LAIN PRONOUNCED	DA! YEAR 2d. HOUR
PRY, PLE DIRECT DOUR FI	1	M CAU 1 25 06 CARS DEAD 3 d	3 1086 0000
A SERVICES	FC	MARRIED NEVER MARRIED NEVER MARRIED	
2222		ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12)	MD. KIND OF BUSINESS
S. 20	15	dgew++er (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) dgew++er (FROTT IN SUCH FACILITY, GIVE STREET ADDRESS) Agew ++er (FROTT IN SUCH FACILITY, GIVE STREET ADDRESS)	PAPER CO.
201 NY DELA ID 3 TO TAIN PA	13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN 136. INSIDE (ITY LIMITS? 138 THESE ADDRESS	10371
D. 21201 IF ANY 2, AND 3 ETAN 3 FETAN 3 AGRETON	-	Md HH EdgeWATarres NO DICTEZ Solome	NI ISIRd.
SATH.	16	ATHER'S NAME PORPH EMIDDLE MATLESS R. IS. MOTHER'S MAIDEN NAME FIRST CLAIRE WILL MIDDLE UNL	NOWN
WORN NO ORN	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	.//8/2011
BALTIMORE, MD SALTER DEATH. IF GIVE PAGES 1, 2, WITH FORM PM 3 PAGES 1 AND 2 DIVISION OF WITA	{\	YES WW II 578-01-0566 Chester KAWAKAMI #13e	The San Asses
: 5 % \$. 0		18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (g).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., I WITHIN 24 HOUR ENCIL IN ITEM 1B. MINER ALONG WI TRANSIT PERMIT. INTAL HYGIENE, DI OR REMOVAL.		IMMEDIATE CAUSE (a) AND IAC TYPES T	
HIN HIN NSIT HAND		Conditions, if any, which $A < 0 \lor 0$	
S CHELZO		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
N SEE SEE		lying cause last.	
RECORDS, LD EXEC PR DING PR DING PR DING PR A BUILD PR	z	PART 2 DTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).	
S S S S S S S S S S S S S S S S S S S	ATIO	190 DATE OF OPERATION 190 CONDITION FOR WAICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A Paragraphic	CERTIFICATION		YES NO NO
DIVISION OF VITAL SCENERICATE SHOW REITING THE WORT RES SHOULD BE USE TO SPERTMENT OF HE TO SHOW THE USE THE USE TO SHOW THE USE THE USE THE USE TO SHOW THE USE THE U		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	2)
CERTIFICATI TING THE VICE TO THE SEED TO T	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIVIS HIS CER WRITIN WRITIN WRITIN MCE 3 S ATE DEP	MED	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.] STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNT	TY STATE
	1		
F F F F F F F F F F F F F F F F F F F		220. I certify that I took charge af the remains described above, held an Autapsy , Inspection , Inquiry XI, and in my apini death resulted fram: Natural causes XI. Accident , Suicide , Hamicide , Undetermined manner ,	an
ERTII DIREC WITH WARY		TITLE (SPECIFY)	-1.11-
PALE SHOU WE, W		ACTUAL SIGNATURE MEDICAL EXAMINER DATE SIGNED.	5/24/86
AEDI CUNE WOOF	0	EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Crt. Davidsonville, Md.	21035
TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FOUND TO FUNEATH DIRECTOR: PATER DEATH, WITH THE STAND TO THE STAND THE STAND TO T	23a.B	SURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION	Zitto
BP	B	URIAL 5-27-86 DULAMEY NEM. GARDENS TIMMONIUM BUTT	md.
DHMH - 17	24. F	PUNERAL DIRECTOR NAME ADDRESS ADDRES	NATURE
(VR A15 ME (5)) 20M 4/82	4.	H. HARdesty HANApolis IIId. 21901 100 1000	

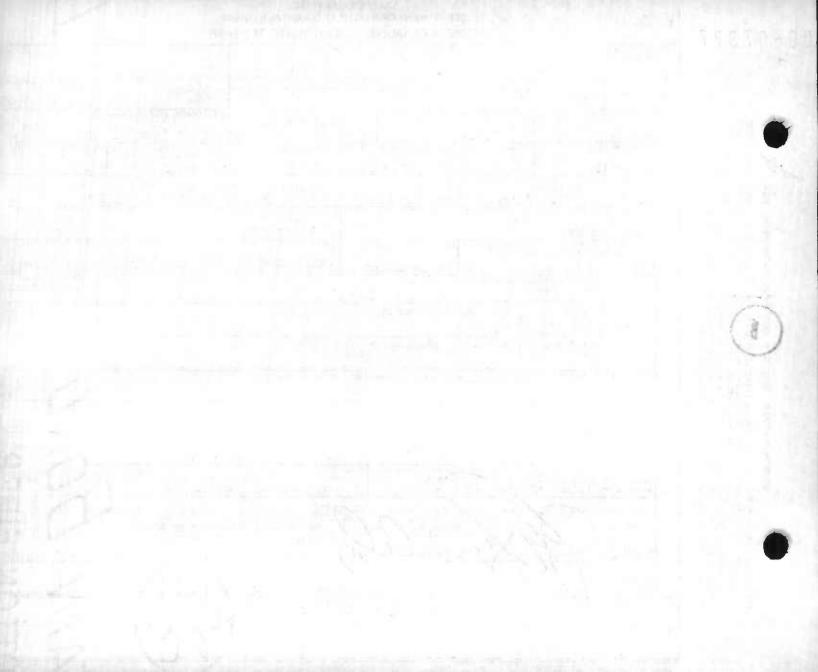
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR I. DECEASED NAME 2a. DATE KNOWN XX MONTH 2h HOUR (TYPE OR PRINT) ESTI-ICESSARY, PLEASE NEAL DIRECTOR. OR YOUR FILES. WITHIN 72 HOURS Linda DEATH MATED Mc Donald 19 19 86 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE 35 RTHDAY) White 10718/49 YEAR PRONOUNCED Female DEAD 20 19 86 12:45 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED Anne Arundel County WIDOWED F 10. CITY OR TOWN OF DEATH 12a LISUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Anne Arundel General Hospital Hairdresser Annapolis USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 819 Oak Trail Maryland Anne Arundel Crownsville YES [NO 🔯 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Liebman Elizabeth 7 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO LYES NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! John McDonald 819 oak Trail, Crownsville n/a/ 214-52-8662 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL HEALTH AND ME AL, CREMATION, lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE SECUTE THE CERTIFICATE, WRITING THE WORD'S MORE 4 SHOULD BE FORWARDED TO THE CHIED FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEATH WITH THE STATE DEPARTMENT OF I BALTIMORE, MARKLAND, 21201 PROR TO BURIA YES XX NO 216. TIME OF INJURY 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 11:15 PM 5/19 86 CONTRIBUTING CAUSE OF DEATH Driver in auto/auto collision 21e PLACE OF INJURY (AT HOME. STREET FACTORY, PARM, ETC.) 21f. LOCATION 21d INJURY OCCURRED Anne Arundel County CITY OR TOWN AT WORK highway DldHearldHarborRd&ValentineRd,Crownsville,MD AT WORK Inquiry 22a. I certify that Took cho ribed obove, held or Inspection and in my opinion Accident XX deoth resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL May 20,86 SIGNATURE Chief MEDICALEXAMINER EXAMINER'S NAMI John Smialek, M.D. 111 Penn Street, Balto, MD 21201 (TYPE OR PRINT) ADDRESS 236 NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery 23a BURIAL CREMATION MOVAL 236. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN 5/24/86 Glen Burnie, Anne Arundel, Md. BP Burial
24 FUNERAL DIRECTOR 250. DATE RECYPLEY REGISTRAT TO BEGISTRAT'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Ambrose Inc. 1328 Sulphur Sp. Rd 20M 4/B2



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0 0	7001	1-	FOR STATE			HEALTH AND ME	277	Berry Land	2 8	9	3
10-0	1384		REGISTRAR	MEL	ICAL EXAMI	NER'S CERTIFIC		REO. 14		-	0
11	ANTERIOR SHOW		CEASED NAME FIRST			MGD		OF ESTI-	MONTH DAY	8L	25 HOUR
4	ESERGAS.	2 05 1		MELINE	JONES	III - KEY	NOLDS	DEATH MATED	MONTH DAY	19 YEAR	A HOUR
	PEE R FEE	3. SEX		5. DATE OF BIRTH	917 69	EARS IF UNDER 1 YR.		2c. DATE PRONOUNCED	MONTH DAT	V1	0400
	ARY. NOUS	1-8	MALE WHITE	MAY 7		rs.		P BALTIMORE CITY O	SOUNTY OF	14	M
-	ECESSARY, PLEASON PREAD DISECTOR FOR YOUR FILE WITHIN 72 HOUS PRESTON STREE	/a Bi	RTHPLACE (STATE OR ,	U.S.A	AT COUNTRY?	MARRIED NEV		P BALLIMORE CITY	T	DEATH	
-	25 m 250.	16 CI	TY OR TOWN OF DEATH		A TAIL NILIBEING HOA	WIDOWED L	DIVORCED LI	HUNE /	TRUND	IND OF BU	MD.
	PAGE PAGE	/	1	(IF NOT IN SHAH FAC	GIVE STREET ADDRESS		FOR A	AOST OF WORKING LIFE)	_ 0	OR INDUST	Y
X	Mr. but wh the Co.	HISTIA	LRESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	PR.	18 00	CATOR	Pu	BLIC	DCHEEL
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, dM	TAN DESCRIPTION	5	THER'S NAME	MIDDLE	LAST	- IR	R'S MAIDEN NAME	MIDDLE	O	LAST	
ORE	# 8 € ₹ 8 · · ·	_	ERKELEY VAS DECEASED EVER IN U.S. AF	WED CONCECS	16b. SOCIAL SECURI		SEPHINE	ADDRESS	128	ED	
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	MA WATER		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE		1 1 1	1.1		7	BET	TWEEN ONSE	AND DEATH
PRESTON ST	32888 8		IMMEDIA	DUE TO, OR	AS A CONSEQUENCE	05/ 16.10		- alule			
123	A SO SE SE		Conditions, if any, which		- O	+ , 11-	1	1.		2	
	E DE SE		gave rise to immediate cause (a) stating the under		AS A CONSEQUENCE	05 1712	ALL MI	1 Descar		77.	
V 100	HZXZ Z		lying cause last.		AS A CONSEQUENCE	Or 2					
8	AND AND	13	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBITION TO DEATH I	INT NOT RELATED TO THE TOP	MINAL DISEASE OF CONDITION	CIVEN IN BART 1				
DIVISION OF VITAL RECORDS, 201 W		Z		- CONTROLLED TO DEATH	of the section of the section	MINAC OISEASE OR COMPITION	DIVER IN PART 1 (g)				
100	HE OH	CERTIFICATION	198. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WAS PERFORM	AED?		20	AUTOPSY'	>
TAI	58 X 39 Y	E S	(I 1 V2)							YES 🗌	NO DA
> 2	TO BU	125	210. EXTERNAL CAUSE WAS	21b. TIME OF			OCCURRED IENTERN	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	1123 (110/3
O N	RIFICATE VICTOR THE VICTOR THE VICTOR THE VICTOR THE VICTOR TO THE VICTO	17.	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEA	AR .					
ISIO	CERTIFIC TITING TH DED TO 3 SHOU DEPART	MEDICAL	21d INJURY OCCURRED	21e PLACE C	FINJURY (AT HOME,	211 LOCATION					
o o	20年平円世紀	E	WHILE NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY		STATE
	PAYA STA			(4)	1-11-11-		Inspection Z				J 11/4
	A TO STATE		220. I certify that I taak char death resulted from: Nati	57		Autopsy L.,		Inquiry or ermined manner	nd in my opinion		
	EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE		death resulted from: Not	urol causes .	Accident L.J., 3	TITLE (SP		erminea manner,		1	/
	2007F		ACTUAL SIGNATURE	5	4 16 ml	THEE (SF		ICAL EXAMINER	DATE SIGNED	5/20	186
	MEDICAL CUTE THE 2E 4 SHO FUNERAL ER DEATH	1	SIGNATURE			M.U.	MEUI	CALEXAMINER	SIGNED	1	
	MAN MAN	-	EXAMINER'S NAME (TYPE OR PRINT)	488 E. C	UHERLER	ADDRESS_	HUNNO	213 MD			
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKEAL DIRECTOR; PAFTER DEBATH WITH THE SITE BALTIMORE, MARYLAND, 2	23a B		23b DAY	23¢ NAME OF C		RY 23d. LO	CATION	006	/	As de-
	BP	6	REMATION	5/21/86	CEDAR	HILL CRE	M. Su	GWA 771	P.G. C	26 1	ND
	DHMH - 17	24 F	NERAL DIRECTOR	ADDRESS	n	A 12	50. DATE REC'D. BY		ISTRAR'S SIGNA		
	(VR A15 ME (5))	IA	YLOR YUNGRA	34 CHAPE	- HNUK	POLIS MID	MAY 22	1986 June	Davidon	1	ter.
	20M 4/82										

JACQUELIKE JOHLS MY REGILES TO THE THE WAS TO France (contract they I 1917 64 VERMS CHIA ROUGHIERS - 128 E. Say for the Same Same MANYERS GERTHURGE HERRICUS . . 1865 The frew De a. 413 BURKEREY JOSEPH JUSTIMAN KEEDLINE Elge 3022 245 4 - 18 HE HELD 2026 El 056 -- the first of the first of the 187/03/76 CHERRY STENSE CLOSE CLOSE CLOSE SALES LAGRE - COME Contes Hawares Red Come

STREET

FOR

24. FUNERAL DIRECTOR

ROBERT E. EVANS

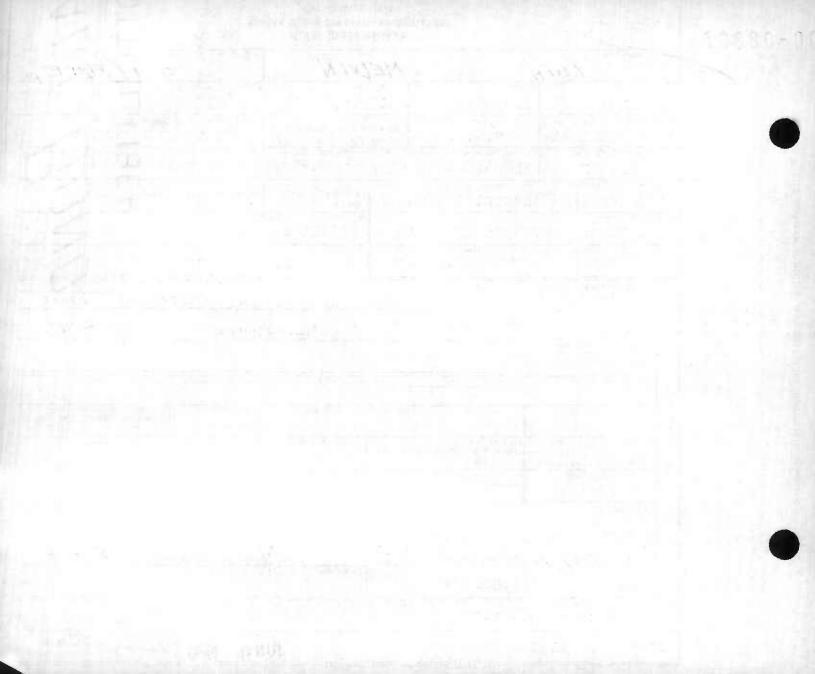
DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



00-00-2							OF MARYLAND				
00-0054	- 06576 - STATE REGISTRAR				DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	1 1 1	. NO.	2 8	9 5
		CEASED NAME FI	R51	٨	AIDDLE	l.	AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
y be	1	ALB	ERT	RUS	SSELL	MEYE	R	May	13,	1986	430 P
moy pag	3. SE	X	4.1	RACE		5. DATE C		6. AGE FIN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
age 4 may be rector, page 3 urs offer death		Male	000	White		NOV			79 YRS.		1100113
Page I direct hours	7a. B	RTHPLACE (STATE OR FORE	GN 7b	CITIZEN OF	WHAT COUNTRY?	S.	D NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
n Zz an Zz		aryland		USA		WIDOWE		Anne Ar	undel		MD.
we we we	10. €	TY OR TOWN OF DEATH	11		HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS OR
10 soft of the sof		len Burnie		203	Wilson E	lvd.					. Air Coi
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∑ 6 ⊢ 2 2 ₹		BURIAL, CREMATION, REA	MOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	N	COUNTY	STATE .
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(VRA 15, 4)	S	ingleton Fun	eral	Home,	Glen Bu	cnie,	Md. MA	115 188	- French	laurdoon-l	Jonos

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STATE OF MARYLAND

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STATE OF MARYLAND

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(VRA 15, 4)	Tia	Wor Kinem	Obrane For	napolis MI) IIII	10 - 1000	0. F	

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moy be page 3 er death	3. SE	THE J	H RACE	5. DATE OF BIRTI	,	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER 1 YEAR	
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117 1	F	18 CAUSE OF DEATH (Enter	anly ane cause per line for (a)), (b), and (c),)		, 3,,,,,,,,,	10- 20-11	XIMAYE INTERVAL ONSET AND DEATH
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ding orbo		WWWED	DUE TO, OR AS A CO	NSEQUENCE OF	/			
offe bove tion	13	Canditians, if any, which	(b)					
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eose ol, c		underlying couse last.	(c)					
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or It	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21t L	OCATION			
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TO FUNERAL DIRECTOR Should be detached with the State Dept.		Duck	Kushner	7	20 Kidye	ly Aux An	wamlis	ハカカ
? ⊢ ¬ 3 · ≤/	23a I	SPECIFY)		23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
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(VRA 15, 4)	C	181 HICKS /	722 tones	Drive, ANI	VA MAY	29 1006	· Louis months	JOHN COLLEGE

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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Barranco F.H.

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR 495 Ritchie Hwt. Severna Park, Md. 21146

Salisbury

23c. NAME OF CEMETERY OR CREMATORY

05-14-1986 Hammond Cemetery

STATE

Md.

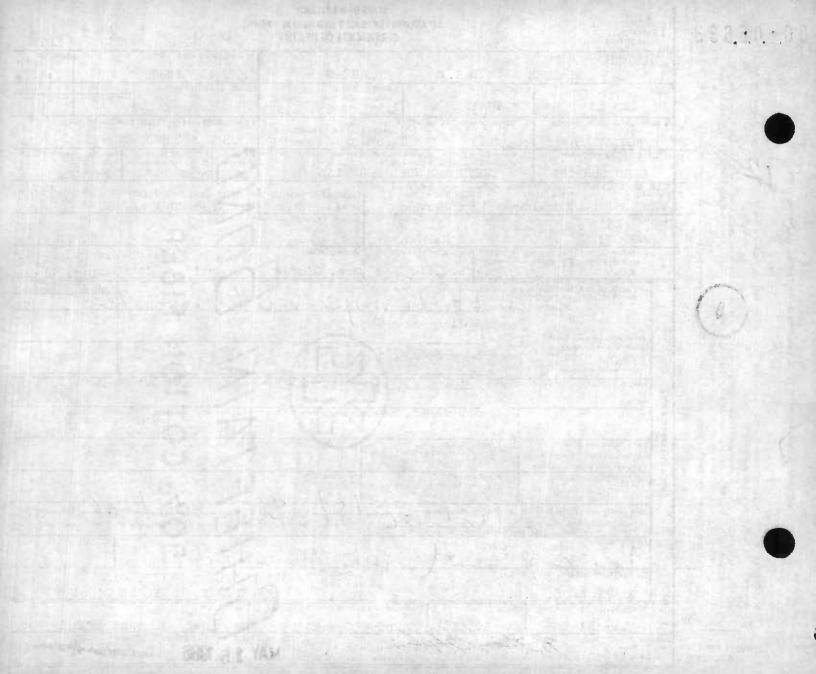
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STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR ROBERT E. EVANS ANNAPOLIS, MARYLAND

23b. DATE

CREMATION, REMOVAL

BURIAL

REGISTRARIZSE REGISTRAR'S SIGNATURE Lefis Krieden D.

PHYSICIAN

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22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

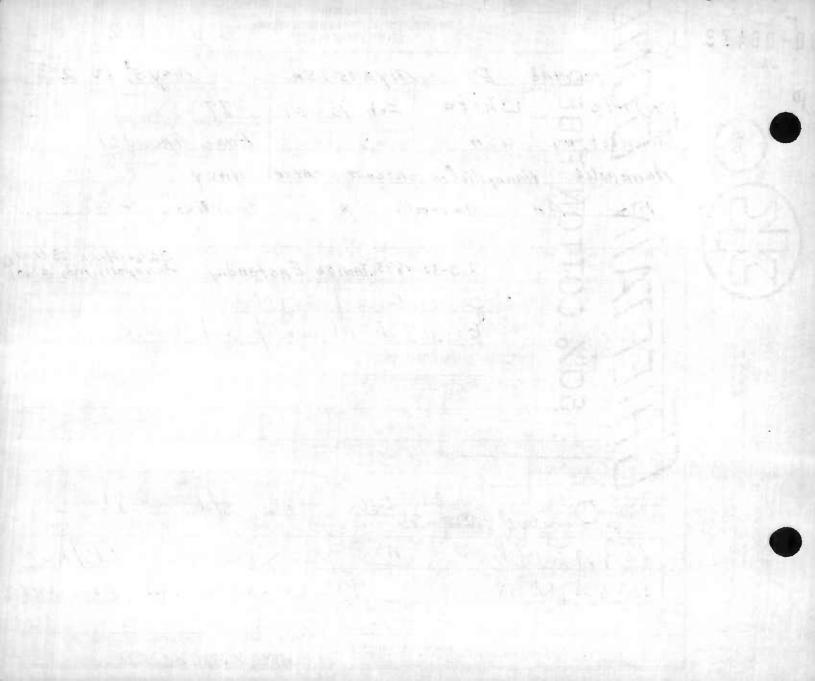
HILLCREST

COUNTY

STATE

2h HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



STATE OF MARYLAND

Should be with head A.2.N 6M 11111111 Md AA HATWOOD X 1074 Cumberstone Rd 20776

SAMUEL NEAL MIMA PRECCO HATEL COOPS

NO 318-12-9628 Mrs Jesse M. NeAL 1074 Cumber Stowe Rd

BALLET WEND STREET CHEMPERS AND TENESHITE LAW C.S. Hicks 1922 Forest Drive

STATE OF MARYLAND

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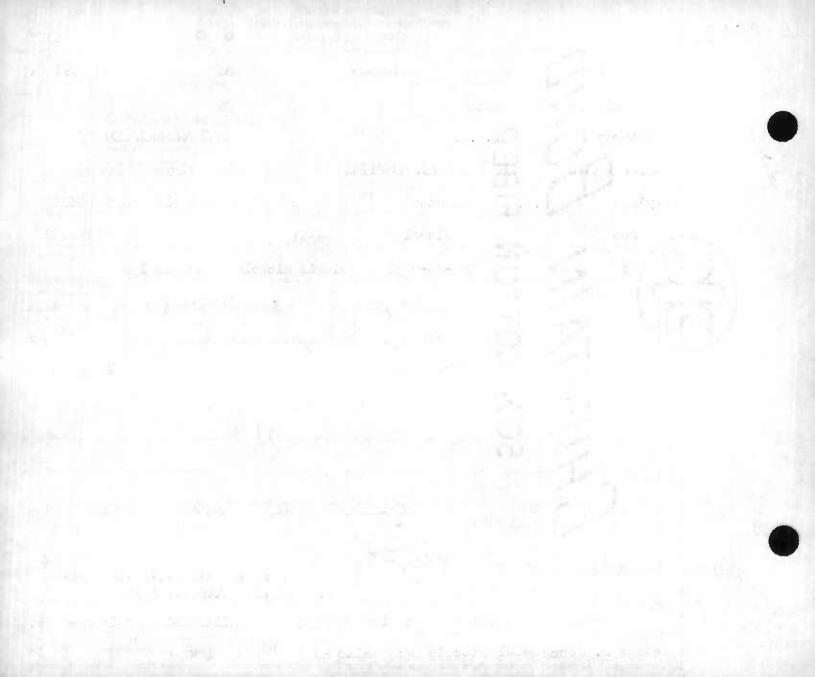
24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

STATE OF MARYLAND



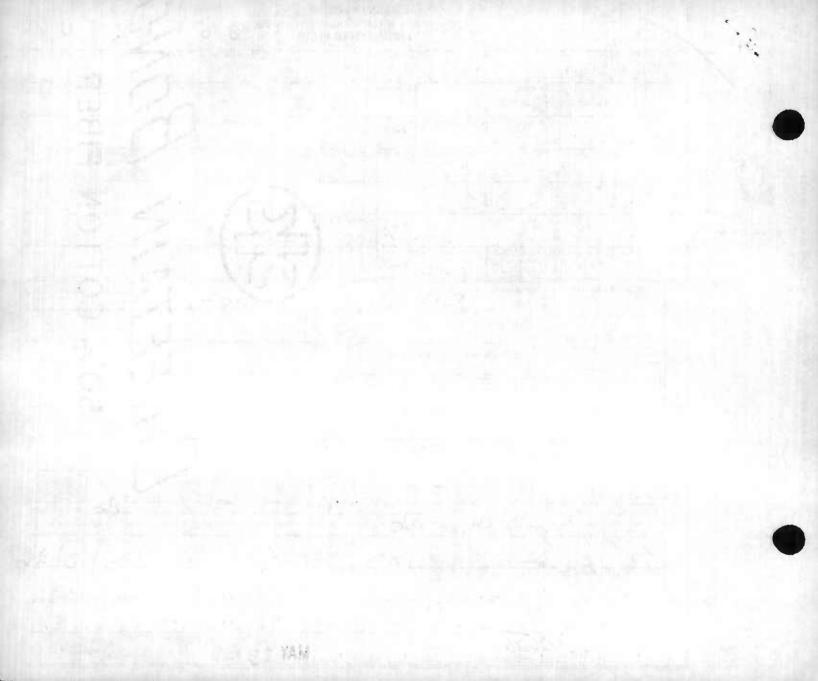
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO		2	9	0	
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1	STATE REGISTRAR			DLF ART		ICATE OF DEATH	8 6 REG. N	1 2 4	0 /
	PECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	A- S- March	Wilbe	rt W	alenty	Now	akowski	N	May 11, 1986	AM
1.5	SEX .		4. RACE		5. DATE		6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
	Male	9	Wh	ite	Apr	il 22, 1916	70	YRS	HOURS MIN.
1/2	BIRTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	• · · · ·	9 BALTIMORE CITY	OR COUNTY OF DEATH	
7	Balto., Ma	arvland	US	A	WIDOWI	D NEVER MARRIED L	Anne Arun	ndel	MD
	CITY OR TOWN OF					OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIND C	OF BUSINESS OR
1	Severn			Telegrar		d	Die Operat	or (ret) Amet	ek
130	UAL RESIDENCE (FR STATE Maryland	13b COU		13c. CITY OR TOV Severr	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 7952 Te	/ ZIP CODE elegraph Road	21144
235	FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	The section of	
W	Walenty	7	WIDDLE	Nowakows	ski	Apollini	a MIDDLE	Нор	
160	WAS DECEASED EN		MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT (Wi	fe) ADDR	ESS	
	NO NO OR GARAGONA	(11 125, 01	/////	216.01.	7693	Mrs. Sophie	Nowakowski	Same as 13	
	18 CAUSE OF DE	ATH (Enter or	ly one cause per	line far (a), (b) ar	nd to 10			APPROXI	IMATE INTERVAL ONSET AND DEATH
HICATION		immediate ating the suse last.	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	JOITION GIVEN IN PART 110 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED
1			A TIME				YES NO	YES	NO 🗆
CAL CERT	OR CONTRIBUTIONS	CAUSE OF DE	P. P.	M. MONTH D M.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)	
MEDICAL	21d INJURY OCC	T WHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION	CITY OR TO	OWN COUNTY	STATE
	41-WORK AT	WORK			11	120/0G	< 1	A.	
	220.1 certify that saw the dec	eased plive an	- 1	19	86.	nd that in (my) (aur) apinian	death accurred an the d		that (I) (we) last causes stated
	226 SIGNATURE	616	la.	Star Gam.	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		12/21
	220 PHYSICIAN'S	NAME TYPE	OR PRINT)			22e ADDRESS Suite	300		21061
	Dr. Ma	rc Kap	lan, M.I).				n Burnie, Ma	21061 ryland
230	BURIAL, CREMATIC		The second second second second		NAME OF (EMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY) Burial	0	May			y of the Fiel	d Millersv	ville A A Co	. Md.
24	FUNERAL DIRECTOR			14 T 300			TILLICISV	25b. REGISTRAR'S SIGNAT	
	Singleton	Funara	1 Homo	Glon Bu	rnio	Maryland MAY	1 2 1086	They war for	deto ;
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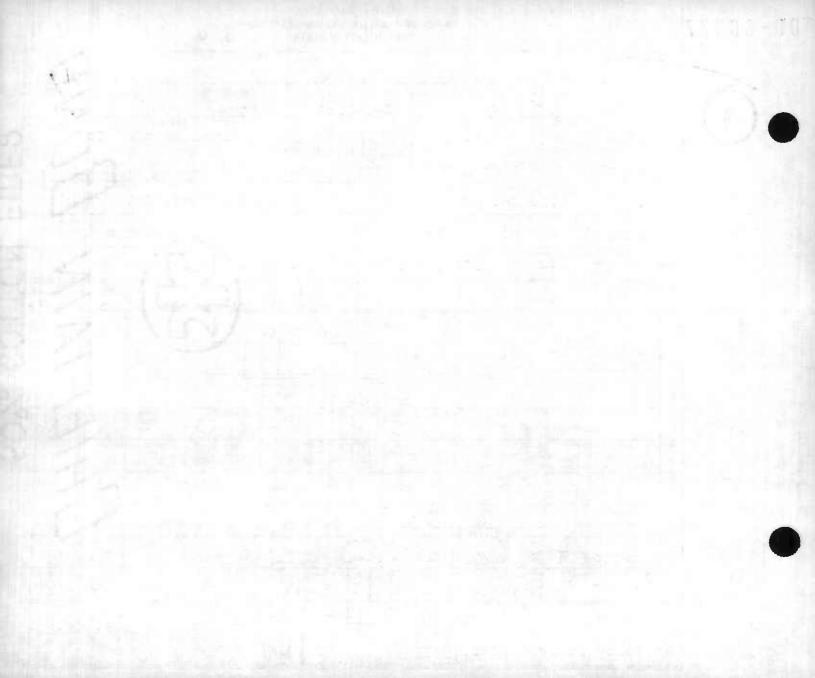
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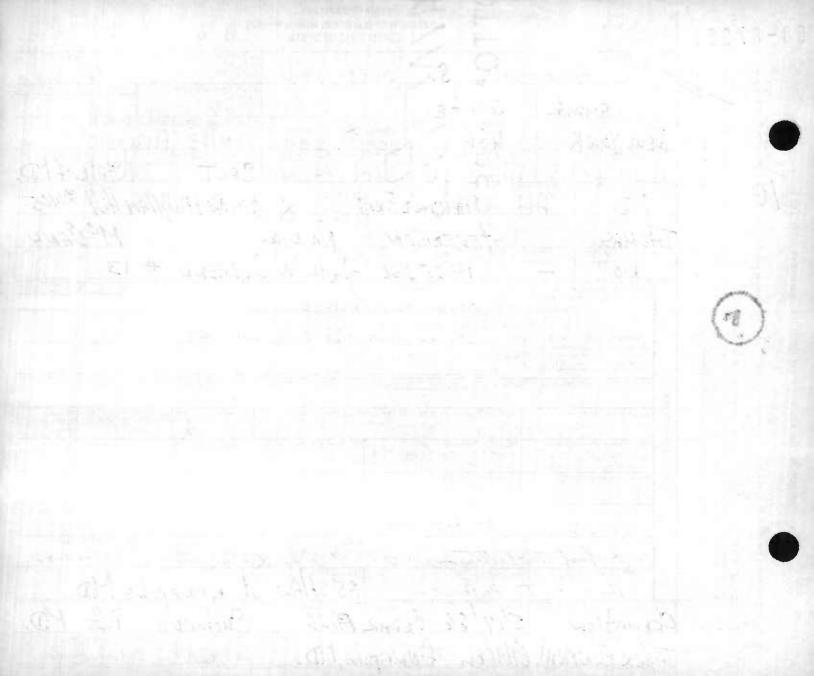
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1. SEX fema	ale	White		5. DATE OF MONTH		6 AGE (IN)	IF UNDER 24 HRS			
BIRTHPLACE COUNTRY, Mair			S.A.	MARRIED WIDOWE	NEVER MARRIED DIVORCED		nne Ari			• MD.
Annar	olis	Anne	Arunde	T Ger	eral Hosp.		Sewife		INDUSTRY	sehold
Md.	CE 11 NURSING HOME OR 136 COUL A . A		GIVE RESIDENCE BEFORE 13: GITY OR TOWN	ton	136 INSIDE CITY LIMITS? YES NO		ADDRESS (ZIP	cse.		
Ans		MIDDLE R.	115			HERS MAIDEN NAME JEnnie MIDDLE unknown				nor
n WAS DECEA	SED EVER IN U.S. ARI		579-34-		Earle T. C	orme S	r. same	e as	13	
18 CAUSI PART I	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MY O CAUDIAL INFAUCTION APPROXIMATE INTER BETWEEN ONSET AND 3 1/2 NO									
gove ris	os, if any, which to immediate	(b)		AS A CONSEQUENCE OF				1	10	ZVY
underlyin	g couse lost	TOUR TO, OK AS A CONSCIONAL OF								
NOITY NO DATE	DF OPERATION			Stvo		200 AUTOPSY? 206 IF YES, WERE FINDINGS USED				
shows or STELLER THEIR	OF OFERATION		-	OFERATION		YES [G CAUSES	OF DEATH?
OR CONTRI	ENT WAS UNDERLYING UTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN IT	EM 18 PART I	OR PART 2)	
- 0	Y OCCURRED	21e. PLACE C	OF INJURY EET FACTORY, OFFICE FA	ARM ELC+	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
Sow S	fy that (I) (this haspi he deceased alive an. , (I) (we) (did) (did no	- 510	19 8	56_, one	that in (my) (our) apinion	death occurre	d on the date an		d from the c	that (I) (we) last
17b. SIGN		9, 20	loui		EGREE ATTENDING	MEDICAL	STAFF PHYSICIAN [27c. DATE S	SIGNED /C/

228 PHYSICIAN'S NAME (TYPE OR PRINT) Stuant E - Sclonicy, M.O. etery Galesville 23c NAME OF CEMETERY OF CREMATORY Woodfield Cemetery 23a. BURIAL, CREMATION, REMOVAL (SPECIBURIAL) 23b. DATE 5/9/86 A.A. Co.Md. 24 FUNERAL DIRECTOR 12 Ridgely Ave. 25 DATE REC'D'BY Annapolis, Md. 2140 AY 13 DHMH - 16 60M 7/84 Hardesty Funeral Home (VRA 15, 4)

Aunapolis, Uld. 21014

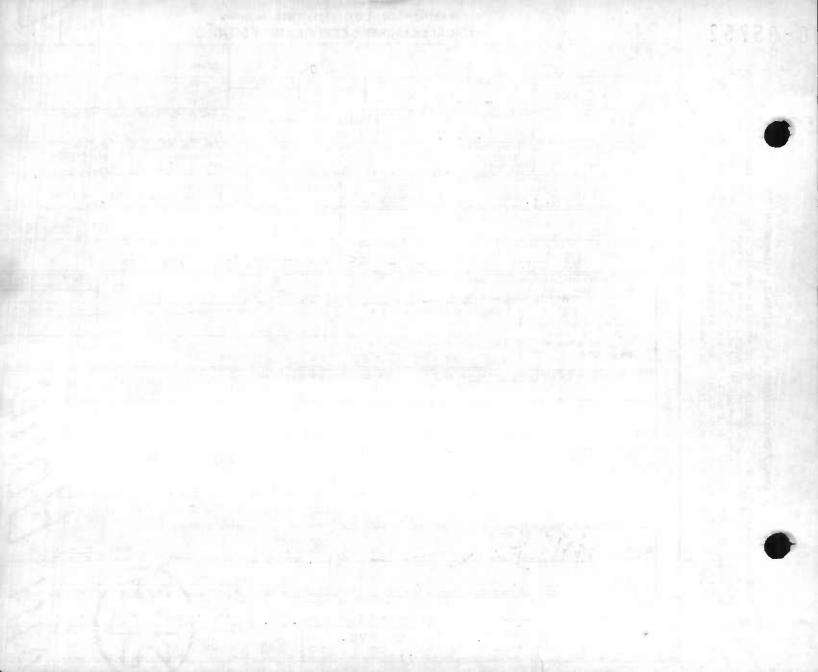


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	522548	23a.BUR	IAL, CREMAT	ION, REMOVAL		23c.	NAME OF CEA	AETERY C	RCREMAT		23d LOCAT	ION		COUN	ity	STATE
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INDUSTRY Coal Miner 13e STREET ADDRESS / ZIP CODE 21122 4401 Sharon Drive Carey ADDRESS Nettie J. Register, Same as 13 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE monion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 200 HOSPITAL DRIVE, SUITE LL-10 GLEN BURNIE MARYLAND 21061 COUNTY Colorado BY REGISTRAR 250 REGISTRAR'S SIGNATURE James S. Kirkley, Glen Burnie, MD (VRA 15, 4)

STATE OF MARYLAND

7b. HOUR

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IF UNDER I YEAR

DHMH - 16 60M 7/B4

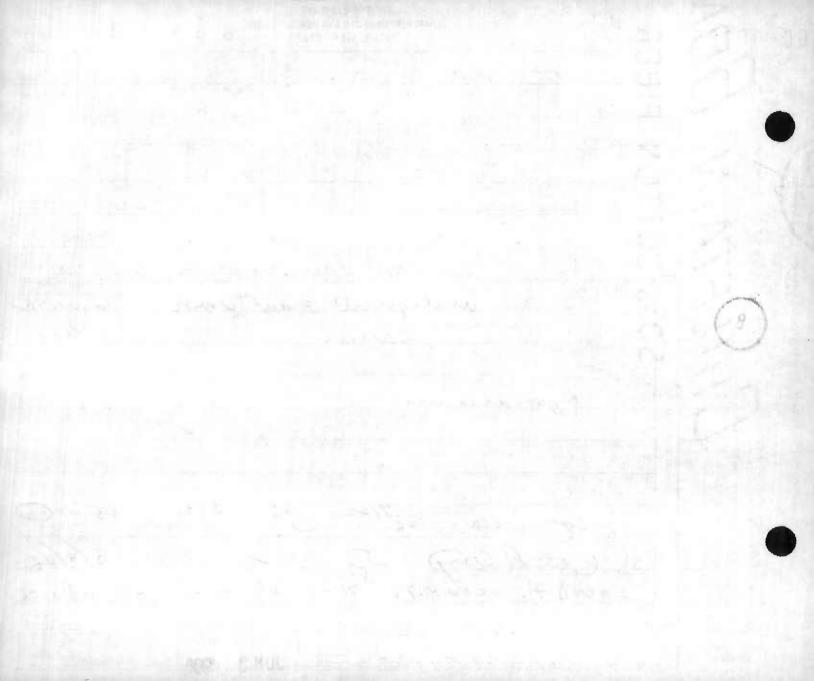
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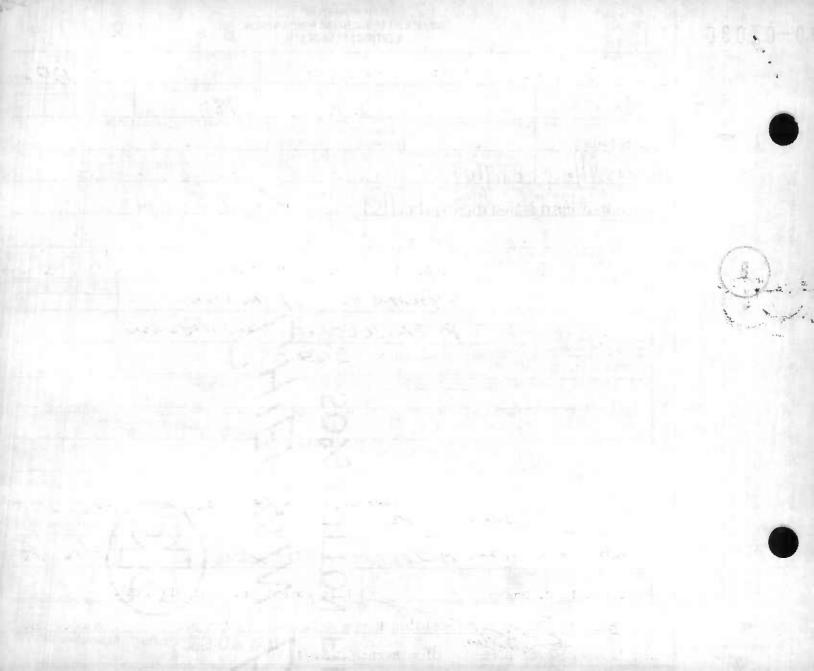
Duda-Ruck, Inc. 7922 Wise Ave. Balto Md 21222

DHMH - 16 60M 7/84

(VRA 15, 4)



-07030	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	NE 8 6	0.	2 9	1 6
eoop 9		CEASED NAME FIRST Samu		lwood	Peter			ay 16,	1986	1215 AM
ge 4 may be ector, page 3	3. SE	Male	4. RAČE Whi	te	5. DATE OF BIRTH MONTH DAY Sept. 26,	YEAR 1907	AGE (IN YEARS LAST BIT			HOURS MIN.
deoth. Poc funeral dir. thur72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF W	VHAT COUNTRY?	MARRIED NEVER	MARRIED	A A CO.	R COUNTY O	FDEATH	MD.
by the	10. C	TY OR TOWN OF DEATH		OSPITAL, NURSIN	G HOME OR OTHER INS DORESS) Manor	STITUTION	20. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Superinte	(AGE FO TILE)	12b. KIND OF INDUSTRY BG&E	BUSINESS OR
be be	13a.	AL RESIDENCE (IF NURSING HOME STATE 130, CO MULTURAD ANY	OR OTHER INSTITUTION, C UNITY	THE RESIDENCE BEFORE		NO LIMITS?	30. STREET ADDRESS	x 14 c	2/0	54
mpletely mpletely and 2 sh		THER'S NAME FIRST Samuel	MIDDLE L.	Peters	С	rs malden nam errie	MIDDLE		ondreĥl	
con and ampletely filler programme and ampletely filler programme and a should be medical be beingine (my, the medical beautine (my, the medical beautine).			GIVE WAR OR DATES)	212.05.6		MANT (Daugh Carolyn	•	020	orills,	a Place Md. 210! ATE INTERVAL SET AND DEATH
quires that the death e signed by the attendant hen please remove cont to burial, cremation, er jury, or other traumatic	z	Conditions, if any, which gove rise to immediate cause lal, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)	AS A CONSEQUE		<i>Esse</i>	Ų.		IN PART 110	
low ree	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	TION FOR WHICH	OPERATION WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY!! YES	WERE FINDING NG CAUSES O	SS USED OF DEATH?
NG PHYSKIAN: The other this certificate has a the buriol-tronsis to a sub-buriol-tronsis to hood Mental Hygier orked or tem 18 shay		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.A	A. MONTH DA	Y YEAR 19	NJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
DING PHYSIC or ottending After this cer is os the burio olth and Ment marked or ter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, F	21f. LOCAT STRE	ION ET	CITY OR TO)WN	COUNTY	STATE
ATTENDI spiral or CTOR: A Ifor use of Heal		22c. certify that (I) (this had saw the deceased alive above, (It (we) (did) (did)				7) (aur) apinian de	eath accurred on the d	ate and hour o	and from the co	
OR Per		226 SIGNATURE	C. Loan	r, M.D.	DEGREE		MEDICAL STA	FF CIAN [ZZC. DATES	GNED A
TO HOSPITAL retoined by the TO FUNERAL should be detoined to with the Store IMPORTANT:		Dr. Donald C	. Roane			Forest	Dr. Annapo	lis, Md	ι.	
BP		BURIAL, CREMATION, REMOV (SPECIFY) B urial	AL 23b. DATE	-	hame of cemetery or en Haven Me		23d LOCATION CITY OF TOWN Glen Bur	nie	A A CO	STATE Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR Singleton Fune	ral Home	ADDRESS Glen	Burnie, Ma	ryland	7 2 0 1986	ZSE REGISTR	ARS SIGNATO	RE COLORS



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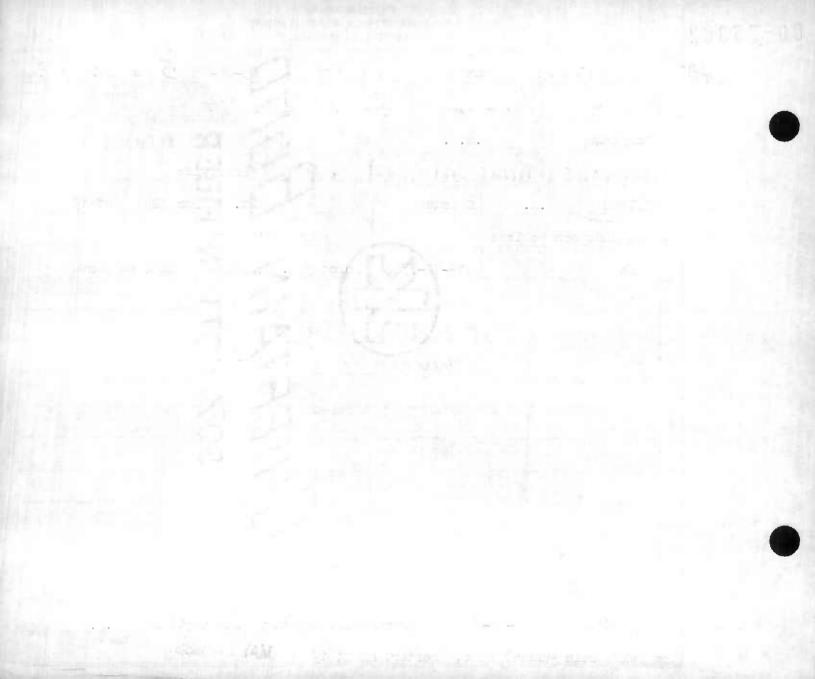
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4 may be or, page 3 offer death	1. DECEASED NAM	Dorot	A. RACE		S DATE O	DAY YEAR	0. 6. AC	ATE OF DEATH 5-06-86 E IN YEARS LAST B	MONTH -	6-86 IF UNDER LYEAR MONTHS DATS	2b HOUR IF UNDER 74 HRS HOURS MIN.
r death. Page funeral direct	a. BIRTHPLACE (COUNTRY) Maryl 10. CITY OR TOWN	and	7b. CITIZEN OF V	WHAT COUNTRY?	WIDOWE	NEVER MARRIED DIVORCED ROTHER INSTITUTION	9 BA	LTIMORE CITY ANNE USUAL OCCUPA	Ar	IN de	MD.
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RE, MARYI ecuted with d completel es 1 and 2 s	160 WAS DECEASE	nderson W	MED FORCES?	LAST	URITY NO.	15. MOTHER'S MAIDEN Edna 17. INFORMANT		Shaw	RESS	LA	ST
I., BALTIMORE, MARYLAND 2120 Ifficate be executed within 24 hours physicion and completely filled in b, noopers. Pages 1 and 2 should be fill moval. vent, it mitalical salmilles regarde	NO PART I. D	F DEATH (Enter and	ly ane cause per D BY:	214-22- line for 101, (b), or Shock	-	Dorothy E	1		same	as abo	VE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certificate physician. When this certificate has been signed by the attending plant the buriol-transit permit. Then please remove carbane th and Mental Hygiene prior to buriol, cremation, or removed or item 18 shows any injury, or other traumatic even	gave rise couse (o), underlying	if any, which	DUE TO, OR	R AS A CONSEQUENCE OF AS A	IENCE OF	as Supsi	is ife	O DISEASE OR CO	NDITION GIV	/EN IN PART I	0
AL RECORE on. t permit The iene prior te ows ony inj	19a DATE OF	OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		a AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES	
VISION OF VITA G PHYSICIAN: Tothending physicia er this certificate s the buriol-transi and Mental Hygi	OR CONTRIBUT	WAS UNDERLYING UNDERLYING CAUSE OF DEAL CAUS	HOUR A./) P./ 21e PLACE (m. month d m.	19	211 LOCATION STREET	CURRED (ENTER NATURE OF INJ		COUNTY	SIATE
OR ATTEND OR ATTEND DIRECTOR: A Doctor to the of Hen Dept: of Hen Hem 21 is m	220.1 certify	that (1) (this hospit deceased aliveran () (we) (did) (glid/na)	1	19	, an	d that in (my) (our) opi	NG ME	occurred on the	date and hou	or and Irom the	that (I) (we) lost couses stated : SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained the State with the State IMPORTANT:	22d. PHYSICI 23a. BURIAL, CREM (SPECIFY)	AN'S AMELIA O	23b. DATE			22e ADDRESS METERY OR CREMATO	ORY 23	d LOCATION		COUNTY	STATE
BP	Bur	ial	05-09-	86 S	tevens	ville Ceme	tery	Stevens	ville	Q.A.	MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME Chester, Tom Helfenbein Funeral Home,

Stevensville Cemetery Stevensville Q.A. MD
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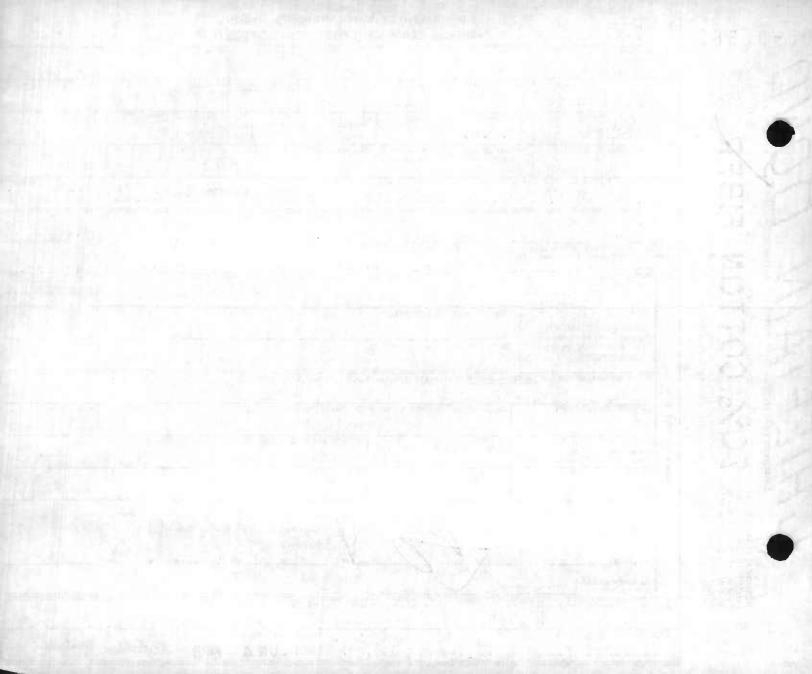
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-08369 MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 75 HOLE LITTE OR PRINTS OF ESTI-DEATH MATED Polk 30/19 86 Patricia 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE BIRTHOAY) PRONOUNCED white 11/19/1956 29 female DEAD 30/19 86 P M TO BIRTHPLACE ISLETS OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ALABAMA Anne Arundel County,

Anne Arundel County,

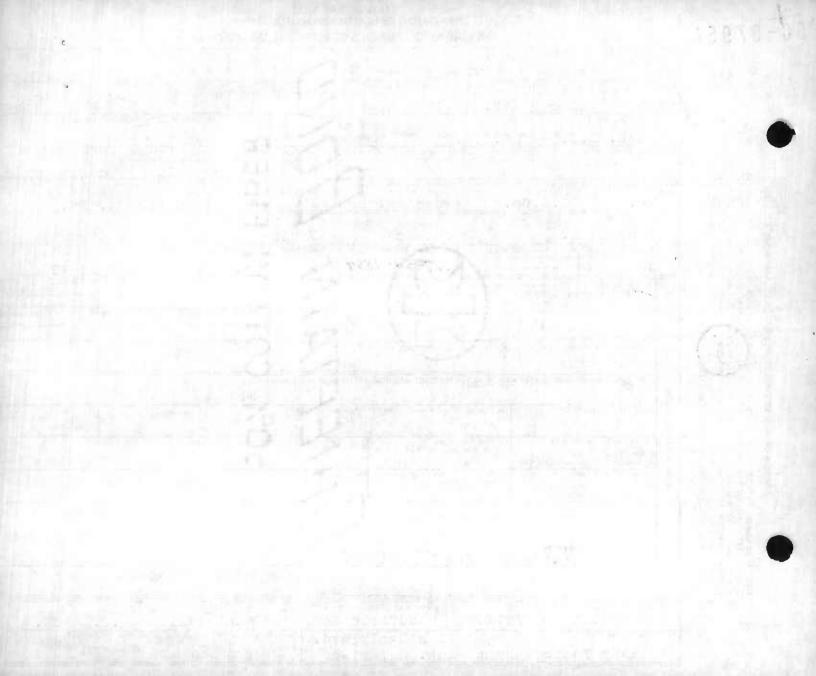
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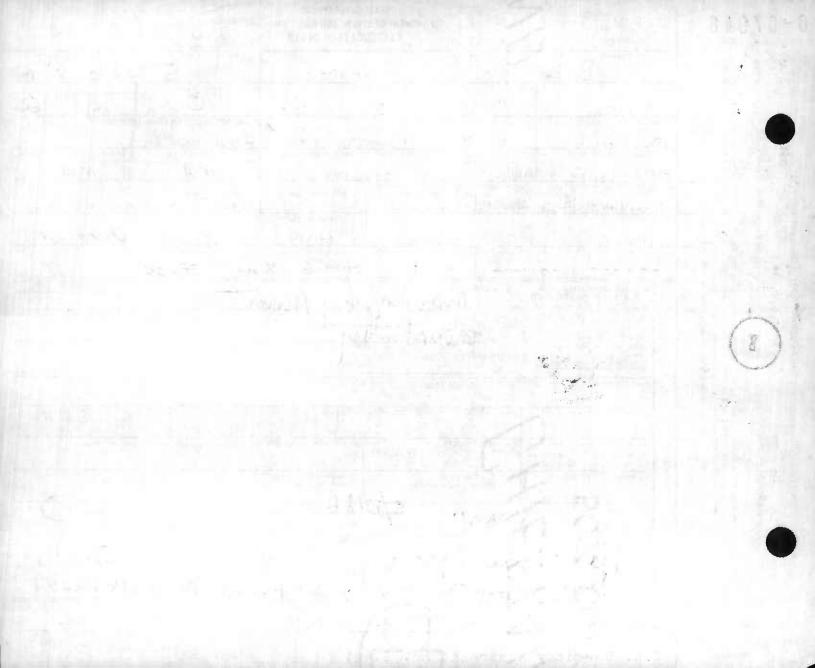
OR INDUSTRY U.S.A. WIDOWED F DIVORCED IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) none Anne Arundel General Hospital CE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Annapolis 13e STATE 13e. STREET ADDRESS A A A 138 INSIDE CITY LIMITS? Co. YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Robert Bailev Orbison Bettv WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR LINKNOWN) I (IF YES, GIVE WAR OR DATES) 223-96-7772 Robert Bailey Cherry Valley Ark APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) ED AS A ! Ipilantic Seizure Disorder 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 5/30/ 1986 subject drowned CONTRIBUTING! CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO RUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK Chesapeake Bay off water Sandy Point, Anne Arundel, Md 220. I certify that I took charge of the remains described above, held on Inspection Autopsw and in my opinion death resulted from: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 5/31/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kawfiman, M.D. 111 Penn St. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE Hillcrest Cemetery Burial Md. 40778A Annapolis 25M 24. FUNERAL DIRECTOR 12 Ridgely Ave. 256 REGISTRAR'S SIGNATURE **DHMH - 17** Lulia Davidson Randalle Annapolis, Md. 21401 JUN (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) OF ESTI-ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IP PAGE 5 FOR YOUR FILES. BENELED, WITHIN 72 HOURS. 5-17-86 DEATH MATED ROBERT Thomas PULANCO 4. RACE IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 3:02P DEAD male white Feb. 18,1949 3 TRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED Wash. D.C. WIDOWED Anne Arundel County ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 18 NOT IN SUCH FACILITY GIVE STREET ADDRESS) 5149 Chalk Point Road FOR MOST OF WORKING LIFE) West River Dry wall construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13b. COUNTY 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. A.A.Co. West River 5149 Chalk YES [NO W 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Aurelio Н. Pulanco Doris Patten 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS PAGES (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATEST DIVISIO no Margaret M. Pulanco same CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19s DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED DEPARTMENT OF HI YES NO [ICATE, WRITING THE WC. FORWARDED TO THE TOR: PAGE 3 SHOULD BITHE STATE DEPARTMENT AND, 21201 PRI©R TO BI 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, N PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE SIN BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell M.D. ADDRESS (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE Burial 5/21/86 Woodfield Cem. Galesville Md. 07/84 25M 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 12 Ridgely Ave. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** ADDRESS Hardesty Funeral Home Ann. Md. 21401 (VR A15 ME (5))



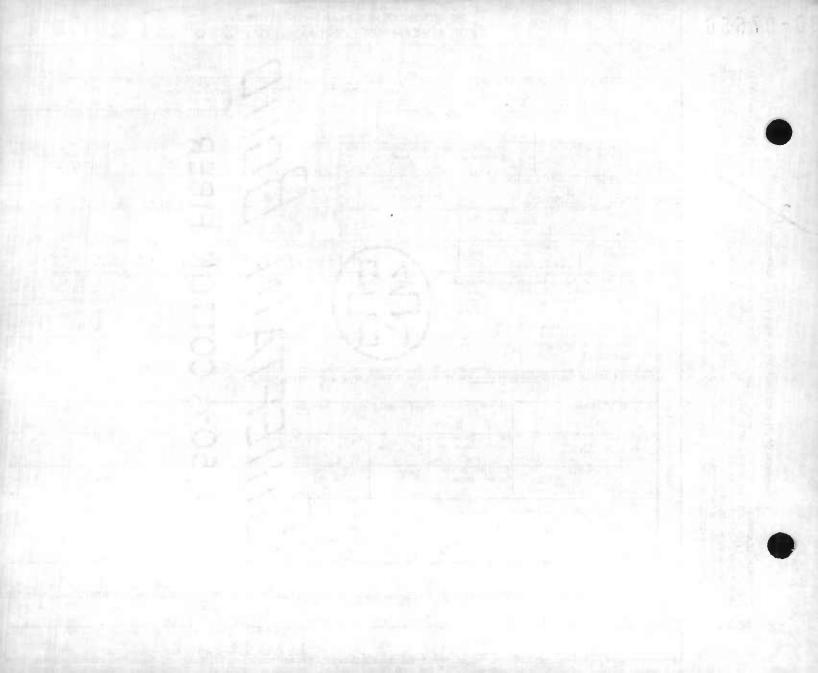
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	ctor.	3. SE	EHALE	WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	YRS DAYS HOURS MIN.
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	TO MEDICAL EXAMINER: 1415 CE EXECUTE THE CERTIFICATE, WITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 F	23a B		TION, REMOVAL				EMETERY	OR CREMAT	TORY	123d. LC	OCATION OR TOWN					
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	6 2 A	0		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR C			
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ŧ	23 /8	3	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 		OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	ORKING LIFET IN	KIND OF E	BUSINESS OR
6	AND	2		nnapolis	Anne Arunde:	L Gen.	Hospital	Housewif	е	Moth	er
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2	智中	4/		Howard	Allr	ed	Daisy	Model	B.	ic Go	wan
eco.	Poges 1			(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17	7. INFORMANT	ADDRESS			
ê e	Poges - Poges	1		No	482-09	-7705	Charles I	Phillips (as 13	
9	popers. povol.			18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), on	dicia	0 . 0	1 1		APPROXIMA BETWEEN ON	SET AND DEATH
£ .	ding physic propopopor or removal			PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0) Metar	static	Small Ce	el Lung la	ncer	90	rouths
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eo t	ottendin otion, or roumotic			Conditions, if ony, which	((b)						
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S P	riol-t entol	7	CAL	OR CONTRIBUTING CAUSE OF DEA	un	19					
ndin	his o	/	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)		II. LOCATION	CITY OR TOWN	C	OUNTY	STATE
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9 0	S. Af			22a I certify the (I) (this hospi	tol) oftended the deceased from.	4/2	19 86	, to	192	8 6 , the	(I) (we) lost
Pito	of H			sow the deceased alive on above (I) (we) (did) (did no	1) view the body ofter death.	nond	that in (my) (our) opinion	death occurred on the date	and hour ond	from the co-	uses stoted
hos h	DIRECT sched f Dept. o			22b. SIGNATURE	110	DE	GREE		2	2c. DATE SK	GNED
- + +	AL D detoc			Enses W	Colly	M	ATTENDING PHYSICIAN	MEDICAL STAFF	10	5/41	186
HOSPIT	FUNERAL sid be det to the Stote	7		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	2	22e ADDRESS	C - A	1 4 0	C 1.	1
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T e	I W S ≦		23a E	URIAL, CREMATION, REMOVAL			NETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	cour	NIY	STATE
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DHMH - 1	6 50M 4/8	3		INERAL DIRECTOR	ADDRESS	-		E REC'D. BY REGISTRAR 256	REGISTRAR'S		ίΕ • • • •
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00t07223	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	12929
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1 11	ELIZA	BETH M.	SCHOLTZ	5	11 86 3:45 M
1 24	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
N _ (3 1 1 1	Female	White	10 15 02	83 YRS	
	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	
一 油店	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12¢ USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Severna Park		Nursing Center	Homemaker	GUFE) INDUSTRY
2 860	USUAL RESIDENCE (IF NURSING HOME 130, STATE 13b, CO	OR OTHER INSTITUTION. GIVE RESIDENCE B	FORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	water Rd. 21012
	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
(1) (2)	Samuel	Roye	r Anna	L.	Jones
0 2 0	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	
回る	No		32-0347 Mr. Eric	Scholtz -	Same as #13
that the death of facute that the death of facute the the strends above the transmitten, or remitte and other transmitten event of	PART I. DEATH WAS CAU	only one cause per line fos, (a), (b SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE	CUro, Vas Culus	accident.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A RECOIL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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56 1235	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	Removal	5-11-86			The second secon
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR : NAME Anatomy	Board	Balto., Md. MA	Y 21 1986 TUBE	ISTRAR'S SIGNATURE



STATE OF MARYLAND

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Pryland Anna Arun Boverna IV x 2970 orth Drive 21146

Cl2-05-8085 Churksall. Ceivert leverns Ek, Ed

Burial 5-17-1935 Weadowriden Cem. Borsey, 1

Estranco 7.H. 501 Eitchie Mry. everna L. .:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN MONTH DAY YEAR 7h HOUR (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, DEATH MATED 19 SEX DATE OF BIRTH AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY C USA WIDOWED DIVORCED ES 1, 2, AND 3 TO THE FURNA 3. RETAIN PAGE 5. NO 2 SHOULD BE FILED, VIVAL RECORDS, 201 W. OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Sales Clerk Jewelerv 130 STATE COUNTY 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD 8. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND DIVISION OF VIT MIDDLE MIDDLE Clarence Naomi Washington Beck 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES. NO OR UNKNOWN) 216-28-4736 Sell Lester Arnold Md. 18 CAUSE OF DEATH (Enter only one couse per line for (6), ond (c) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ,5. C. V. Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE lying couse last PENDING" PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19s. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL NER: THIS CEK...
ICATE, WRITING THE C...
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"RE PAGE 3 SHOULD BE UF
"ATE DEPARARMENT OF "PRIOR TO BUF YES [NO 21a. EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARI PORTURE PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Homicide Undetermined monner death resulted from: Accident TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Crt. Davidsonville, Md. 21035 23d. LOCATION 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 6-1-86 Hillcrest Cem. Annapolis AACo. Md. BP. 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE fulia Davidon Mandelle **DHMH - 17** Hardesty Funeral Home AnnapolisMd. (VR A15 ME (5) 20M 4/82

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cer

retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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ted within 24 hours ofter death. Page

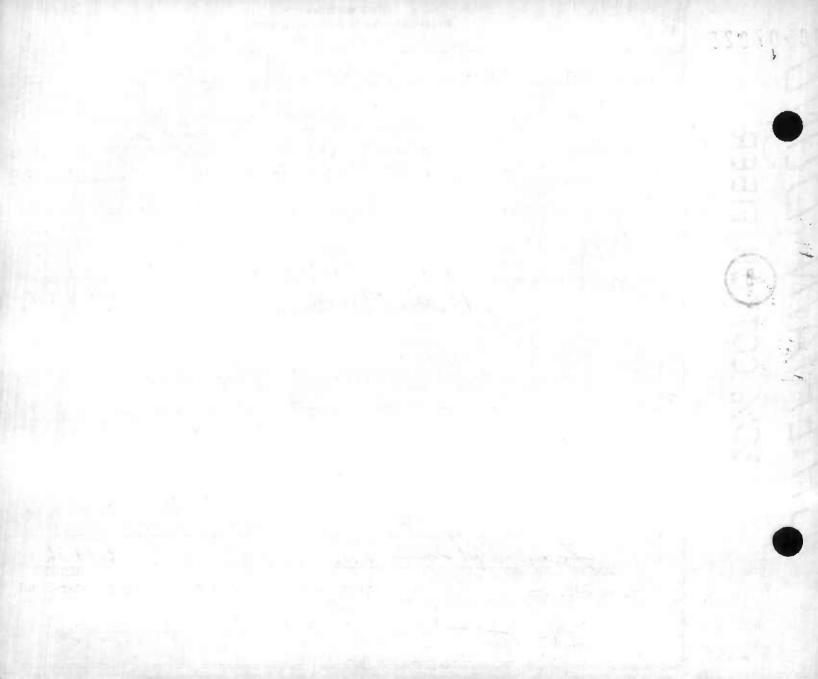
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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LD	ECEASED NAME	FIRST		MIDDLE		12.5	REG. N	MONTH	DAY YEAR	41 110110
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5	BIRTHPLACE (STA COUNTRY) orth Card		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DEDIN DIVORCED	Anne Arur			
10.0	CITY OR TOWN OF Glen Bur	nie	11. NAME OF I	glen Ave	IG HOME (ADDRESS) Glen	Burnie, Md 21	120 USUAL OCCUPAT 120 USUAL OCCUPAT 120 WORK FOR MOST 120 Realto	OF WORKING L	12b. KIND OF INDUSTRY HRC Re	
13a.	STATE Maryland	136 COUN	OTHER INSTITUTION A CO.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen Bur	N	13d. Inside City Limits? Yes \(\text{NO \(\frac{\text{X}}{2} \)	13e STREET ADDRESS 7 Ferngle			
14. F	FATHER'S NAME Willia	am	B.	Glenn		Mary	MIDDLE			ckwel
160	WAS DECEASED I (YES, NO OR UNKNOW NO	(IF YES GIV	MED FORCES? E WAR OR DATES) I/A	242.30.3		Mrs. Gloria	aughter) ADDR L. Adams		511 Tiem en Burni	
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- , w.t		CEASED NAME FIRST OR PRINT)		MIDDLE		ASI	2a. DATE OF DEATH		EAR 2b. HOUR
poge 3		ALBER		GLER	SIMMS		May	19, 1986	12:45Am
The Table	3. SE		4. RACE		5. DATE O		6. AGE IN YEARS LAST BIRT		DAYS HOURS MIN.
a seek		Male	Whit			pt. 4, 1923	62	YRS	
4 1 1 2 3 S	Je. B	RTHPLACE STATE OR FOREIGN COUNTRY) MD		SA	MARRIE WIDOW	NEVER MARRIED DIVORCED	Anne Arun	_	TH MD.
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AND 2120		AL RESIDENCE (IF NURSING HOME STATE 13b COI	OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 66 Rol-Parl	ZIP CODE	21108
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IMORE on and c			ARMED FORCES? GIVE WAR OR DATES) WW II	166. SOCIAL SECU 216/12/0		Catherine Si	ADDRE mms (wife) :	same as 13	APPROXIMATE INTERVAL
RDS, 201 W. PRESTON equires that the de n c majored by the art of the period common of the barrial, cremation, or injury, or other troumation.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, (OR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN PA	J minutes
Na low on the low on the low on the low one the low one one prior one one prior one	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
DIVISION OF VITAL RECORDS NO PHYSICIAN, The law may after the certificate has been signed at the burneling permit. The th and Mental Hygiene prior to orked or liam, is show any mitu	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRIB	DEATH HOUR A	P.M. E OF INJURY	19	21c HOW INJURY OCCUR			
HOSPITAL OR ATTENDENCE PH med by the hospital or other FUNERAL DIRECTOR. After the tide be directored for use as the tide be directored for use as the tide be directored for use as the ORTANT. If them 21 is morked a	ME	WHILE NOT WHILE 1 WORK 270.1 certify that (1) (this has sow the deceased alive-above. (1) (we) (did) (did) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (17P Dr. Jeffrey	spitol) ottended to spitol view the bod	ly after death.	4/1	22e ADDRESS	death occurred an the do	ate and hour and tra	that (i) (we) last im the causes stated DATE SIGNED
0 € 0 € € € € — BP		BURIAL, CREMATION, REMOV, SPECIFY) Burial	AL 23b. DATE	23c.		EMETERY OR CREMATORY ross Cemetery	23d LOCATION CITYORTOWN Brooklyn	AA	MD
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR ngleton Funera	I Home.	Glen Burr	nie. M		AY ZO 1986	25b. REGISTRÁR'S 51	GNATURE

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STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR						REG.	NO.		
	CEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
1118	ANNA	• II	RENE	SLEIG	HTER		MAY	27,	1986	09 AM
3. SE	X	4. RACE		5 DATE C			6. AGE (IN YEARS LAST	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Wh:	ite	7	B DAY	16	69	YRS	ONIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER	ALABBIED [9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	Ohio	USA	A	WIDOWE		IVORCED [ANNE A	RUNDEL	COUNTY	MD.
1	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURS			TITUTION	12a USUAL OCCUPA			F BUSINESS OR
0	GLEN BURNIE	NORTH	ARUNDEL	"HOSPI"	TAL		Bookkeep		Bankin	na
USU 13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEF		113d INSIDE C	TITY HANTES	13e.STREET ADDRESS			
	Maryland	1411	Baltimo		YES Y	NO [2692 Dula		eet. 2	1223
14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER	S MAIDEN NA		-	LAS	
V.	Oniter	MIDDLE	Mysk	0	\ \ _V .	ictoria	WIDDLE		Meka	
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SE		17 INFORM		ADD	RESS	TACIN	
March 12	TO OR UNKNOWN) I IF YES, GI	VE WAR OR DATES)	218-12-	8672	Robert	T. Sle	eighter, 60	04 Edwa	rds Rd.	,21401
	18 CAUSE OF DEATH (Enter or	nly ane cause per	line for (a), (b),	and ic					APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	SURGOO							we
		DUE TO O	R AS ACONSEC	UENCE OP	1				1	
	Canditions, if any, which	(b)	MILLENA	1 A MILO	ales	reso			INNA	rown
	gave rise to immediate cause (a), stating the	DUE TO, O	R. A ALCONSER	HIENDE OF	, /					1
	underlying cause last	(6)	DOMAIN	Uis	toulle	27			1/4	M
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATES	TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART 110	3
No.										
CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		WERE FINDIN	
THE STATE OF							YES NO	YES	ING CAUSES	NO [
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A	OR CONTRIBUTING CAUSE OF DE			DAY YEAR						
MEDICAL	21d INJURY OCCURRED	21e. PLÁCE	OF INJURY		21f. LOCATI	OÑ	CITY OR	TOWN	COUNTY	STATE
Σ	WHILE NOT WHILE AT WORK	FAT HOME, STE	REET FACTORY OFFIC	E FARM, ETC)		~1	CITYON	10444		31416
	22a I certify that (I) (this hosp	trail attended th	e deceased from	0	IND	19.80		27	9.86	that (I) (was last
	saw the deceased alive ar abave, (I) (we) (did) (did no	5/2	19		nd that in (my	(aur) apinian	death accurred an the	date and haur	and from the	causes stated
	22b. SIGNATURE	1111	n /1.	0.0	DEGREE				22c DATE	SIGNED
	Vanh day	VIII	hullin	MI		ATTENDING A	MEDICAL ST DIRECTOR PHYS	AFF	6	5/28/86
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	MANTHO 1	1111-	22e ADDRES		O CAPE ST.	CLATRE	RD.	10.010
	MARGARET MUL	LINS, M.	D.		ANI	NAPOLIS	, MARYLAND	21401		
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
	Burial	5/30/	/86 I	orrain	e Park	Cemete	ry Woodlaw	n Bal	timore	Md.
	UNERAL DIRECTOR		ADDRESS	21	229		E REC'D. BY REGISTRA	1 / / //		LIRE LANGE
H	ubbard Funeral	Home, In	nc., 410	7 Wilk	ens Av	e. MA	17 2 9 1986	guhan	avidoon-V	-

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STATE OF MARYLAND

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1	FOR - STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 6 REG. NO.	12	9 3 6		
	DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MO	NTH DAY YEAR	26 HOUR		
1 "	EM1	LY	B .	SON	GER	MAY 25,	1986	3:12P M		
1.	SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	IF UNDER I YEA	R IF UNDER 24 HRS		
	FEMALE	ITE	DECE	MBER^16, 1899	86	YRS	, nound min.			
	forth Carolina V U.S.A. WI				D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
A					DIVORCED	ANNE ARUNDEL COUNTY MD.				
1	LINTHICUM 11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS SHIPLEY ROAD					126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY OWN HOME				
	SUAL RESIDENCE (IF NURSING HE OF STATE UP [ARYLAND	OTHER INSTITUTION NTY IMORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI CATONSVI		YES NO X	13e STREET ADDRESS / Z 304 WESTOWN	IP CODE E ROAD BAL	TO. 21229		
1)	FATHER'S NAME FIRST	MACON		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST			
1	WALTER	WALTER			Luc		REGAN			
13		(AS DECEASED EVER IN U.S. ARMED FORCES?			17 INFORMANT	ADDRESS 21090				
L	NO.				ELSIE S. DiF	SIE S. DIFATTA 567 SHIPLEY RD. LINTHICU				
NO		DUE TO, O	ONTRIBUTING TO E	EATH BUT	TO LUNG, LE IMARY UNDE NOT RELATED TO THE TERM STED TO ENCL	INAL DISEASE OR CONDIT		110		
CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? 2	Ob IF YES, WERE FINE N CERTIFYING CAUSI YES []			
1100	OR CONTRIBUTING TO CAUSE OF DE	AIM	OF INJURY .M. MONTH DA .M.	YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	220.1 certify that (1) (this hasp saw the deceased always abave, (1) we) (did) (did no 22b SIGNATURE				19 19 19 19 19 19 19 19 19 19 19 19 19 1	death occurred on the date	22c. DA	the causes stated TE SIGNED		
1	22d. PHYSICIAN'S NAME (TYPE OF ALBIN O. KU		T		1001 PINE HEIGHTS AVENUE BALTO. MD.					
23	BURIAL, CREMATION, REMOVAL	23b DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COMMIY	STATE		
	BURTAL	5/28/	86 MO	RFIAN	DMFMORTAL PK	Baltimore	MAR	VIAND		

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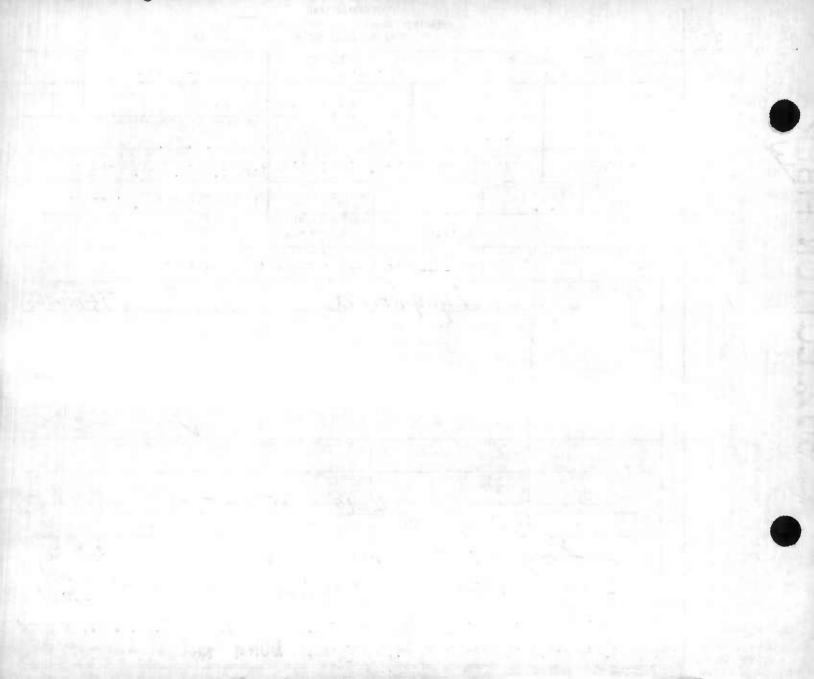
1630 EDMONDSON AVENUE BALTO. MD. 21228

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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V	2000	1-	STATE REGISTRAR	4	MEI	DICAL EXAM	INER'S C		OF DEATH	REG. NO	293	5 /
X		1. DE	CEASED NAMED	FIRST		MIDDLE	_	LAST	2a. DATI	KNOWN OV M	ONTH DAY YE	AR 26 HOUR
	DRIVIS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. NAGE 5 FOR YOUR FILES. THED, WITHIN TO STREET,	DAVDAYA MATED SPANGLE DEATH MATED 5 4108 M										
		3. SE)	F C,	MC	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 5 4						7 4 198	AR 2d HOUR
		70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland II. CITY OR TOWN OF DEATH			76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 9. BALTIMORE CITY OR COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUS							
											MD.	
		Glen Burnie UAL RESIDENCE LIFTIN NURSING HOME O			Housewife Trunde Housewife						Homem	ISTRY
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ORE	201 W. PRESTON ST., BALTIMOL UTED WITHIN 24 HOURS AFTE IN PENCIL IN ITEM 18. GIVE PAGE EXAMINER ALONG WITH FOR SIAL-TRANSIT PERMIT. PAGES D MENTAL HYGIENE, DIVISION ON, OR REMOVAL.	Section 1	orge VAS DECEASED EVER I	Edwar	- Alle			Mazie Matilda Mo			McQua	~
ALTIM		(4		(IF YES, GIVE WAR O		218 28		"Glen Bu Davis L.	rnie,Ma Spangl	ryland e Jr.82	21061 1 8 Crab	Ct Apple
DS, 201 W. PRESTON S			Conditions, if or gove rise to it cause (a) stating: lying cause lost.	ny, which immediate the <u>under</u> .	(b) DUE TO, OR	AS A CONSEQUENC	. 5 , C	C. V. I	ARTI II	Irres		NSET AND DEATH
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TAL	DIVISION OF VITAL RECORDS, IIS CERTIFICATE SHOULD BE EXECURITION THE WORD "PENDING" ARDED TO THE CHIEF MEDICAL GE 3 SHOULD BE USED AS A BUS ATE DEPARTMENT HAITH AN 201 PRIOR TO BUSHAL, REMAIN	CAL CERTIFICATION	THE DATE OF OVERA	TON	198. CONDI	HON FOR WHICH O	PERATION W	AS PERFORMED?			2D AUTOF	n other
ONOFV			210. EXTERNAL CAUS UNDERLYING OC CONTRIBUTING C	OR	1	MONTH DAY Y	EAR 21c HC	DW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PART I	OR PART 2)	
DIVISI	E, WRITING RWARDED PAGE 3 SH STATE DEP,	MEDICAL	WHILE DOT V	MHILE D	STREET, FACT	OF INJURY (AT HOME TORY, FARM, ETC.)		CATION	CITY OR	OWN	COUNTY	STATE
•	MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FORF FUNERAL DIRECTOR: TER DEATH, WITH THE S TIMORE, MARYLAND,	/		Natural car	uses P	cribed obove, held a Accident ,	Suicide M	, Hamicide ,	Undetermined MEDICAL EXA	manner ,	DATE S/3	/ 9 C
07/84	7/84 BP		Burial Burial	MOVAL 23h DA		23c. NAME OF	CEMETERY O	RCREMATORY Mem.Park	Glen E	urnie A	Mar	yland
25M	DHMH - 17 (VR A15 ME (5))		ymond C. E	Fink G	len^Bü	rnie,Md.	21061	MAY 8	MEC DO	HAR TISE REGISTRA	ARS SIGNATURE	

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(VRA 15, 4)

0692/1	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND TOF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 REG 60.	12	9 Запт
I. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR 1
m # (146)	DIANNA	A	SPRIGGS	MAY 16, 1986		2:40 M
a she o	Zemale	Black 5.	PATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
392	Maryland	WI WI	ARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUN ANNE ARUNDEL		MD,
1154	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE NORTH ARUNDEL 1	HOSPITAL	120 USUAL OCCUPATION (17 PF OF WORK FOR MORYOF WORKING)		F BUSINESS OR
35	AL RESIDENCE IF NURSING HOME OF	A Sevel	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP CO	le R	24
The state of the s		RMED FORCES?	15 MOTHER'S MAIDEN NAM PIRST NO. 17 INFORMANT	ADDRESS S	Lumer LAS	right
by the sufficient giby oses service expension of trends to common	PART I. DEATH WAS CAUSE	Dy one cause per line far (a), (b), and (c) (c) BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE			8	Month Month
cate has been signed ansity permit. Then ples Hygiene prior to burion 8 shares ony injury, or CERTIFICATION	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEAT		200 AUTOPSY? 206. IF Y	ES, WERE FINDIN	IGS USED
	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY	YEAR	YES NO DED (ENTER NATURE OF INJURY IN ITEM 1)	YES	но 🗌
After this certifice as the burial- olith and Mental marked ar Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, E	211 LOCATION	CITY OR TOWN	COUNTY	STATE
RECTOR: A ed for use pt. of Healt em 21 is ma		atal) attended the deceased from 19 86	and that in (my) (aur) apinian a	eath accurred an the date and h		
Store Der Store Der ANT: If It	224 PHYSICIAN'S NAME (TYPE O	DR PRINT)	MD. ATTENDING T	MEDICAL STAFF DIRECTOR PHYSICIAN	5/16	186

7845 OAKWOOD ROAD, #205 LONG S. HSU, M.D. GLEN BURNIE, MARYLAND 21061 REMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

256 REGISTRAR'S SIGNATURE



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 26 HOUR DECEASED NAME MONTH TYPE OR PRINT! hARLES 86 2200 pode dep IF UNDER TYEAR 3. SEX 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MALE BLACK 04 10 70. BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED XX ANNE ARUNDEL COUNTY DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) ANNAPOLIS ANNE ARUNDEL GENERAL HOSPITAL Grafron Lane 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? MARYLAND ANNAPOLIS 1802 A.A. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE JAMES STANSBURY MATILDA STANSBURY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Annapolis Md. 21401 212-16-6072 GRAFTON JOHNSON 2222 Mullberry Hill Rd. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) COCCAL PORumoNIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NOIZ YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 8(22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive , and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat view the bady after death DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURTAL 5-20-1986 ASBURY BROADNECK CEME St. Margarets A.A. Maryland Annapolis, Md. 21401 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Davidson Mandalle DHMH - 16 60M 7/84 WILLIAM REESE & SONS MORTUARY. P.A. (VRA 15, 4)

STATE OF MARYLAND

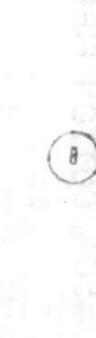
Regional College Colle IAIA-F. IIVATO. ALTOHOLOGICAL SECTION SECTION SECTIONS The same with the contract of the same of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-07919 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH 2b HOUR (TYPE OR PRINT) GODLY WILLIAM STOKES MAY 22, 1986 448 3. SEX 4 RACE A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 DATE OF BIRTH 00°t" 25, 0 1912 Male Black 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY S.C. ANNE ARUNDEL COUNTY USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) GLEN BURNIE "NORTHACARUNDELDO HOSPITAL Govt Crane operator Anne Arund ambrills St. Gambrills md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ellison Stokes Luck Jenkins 21054 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Alphenia M. Stokes 2482 Lee St. Md 11/4311/45579037551 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. VENMENTER ArrhyThuis IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which MYOCARDIAL ISCHOULD gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF ACUTE ANTORIUM MYCHANDIAL INFANCTICO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 71h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED Te PLACE OF INJURY 211 LOCATION COUNTY STATE STREET AT HOME STREET FACTORY, OFFICE, FARM, ETC 1 AT WORK AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from above 11 | w (did) (did nat) view the body after death and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated DEGREE 22c DATE SIGNED STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTAN NAME TYPE OF FRINTS 325 HOSPITAL DRIVE, SUITE 105 22e ADDRESS PAUL J. YOUNG - HYMAN, M.D. GLEN BURNIE, MARYLAND 21061 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN Harmony Landover Maryland Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PreMiDucley & Sons Funeral Home

3200 Rhode Island Ave Mt. Rainier, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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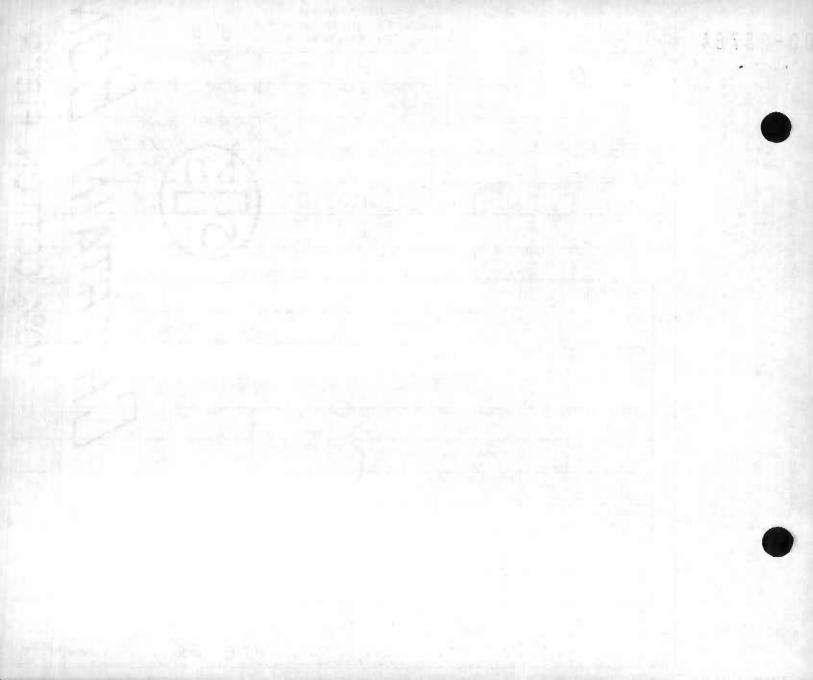


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	BALTIMORE, MD.	UR, AFTER DEATH. IF 8 GIVE PAGES 1, 2, 4 WITH FORM PM 3 IT. PAGES 1 ARD 2 S DIVISION OF WHALT		THER'S NAM		own	WIDDLE	4	LAST		15. MOTHE	R'S MAIDE IRST ena I		MIDI	DLE			LAST	
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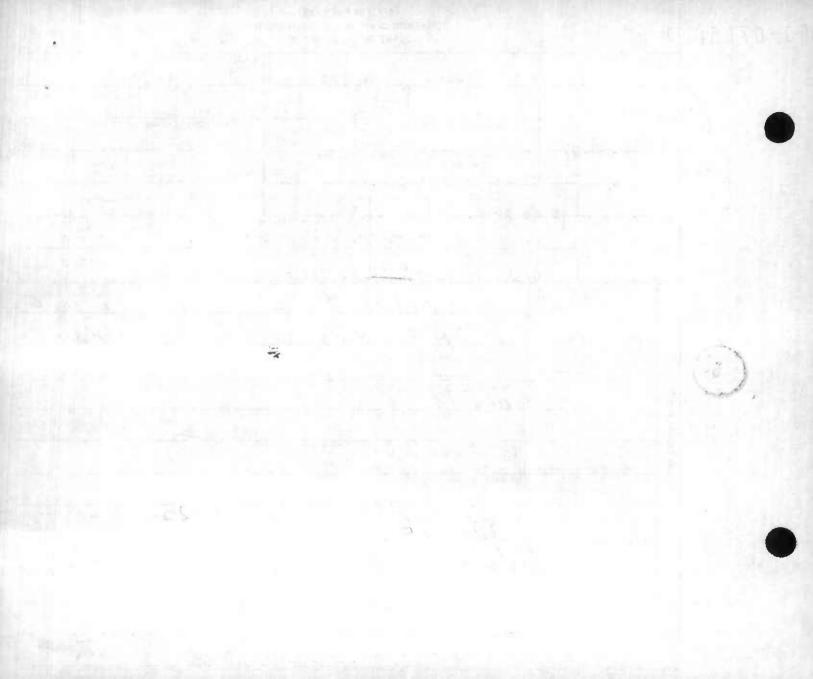
Driver Bus Company

x 1009 1000 Lores Md. 21012

7950	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	12948
m 5	1. DECEASED NAME FI	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth	Will	iam Robert	Thompson	5- 2	25-86 M
nours ofter death	3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH 11-8-12	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	MONTHS DAYS HOURS MIN.
72 hours	70 BIRTHPLACE (STATE OR FOREI		Y? 8. MARRIEDX NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
d within	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		Anne Arunde	12b. KIND OF BUSINESS OR
d be tyle	USUAL RESIDENCE (IF NURSING I 130. STATE	Anne Arunde	ORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	Real Estate 13e.STREET ADDRESS / ZIP COR	DE 21035
2 show	Md 14 FATHER'S NAME FIRST	MIDDLE LAST	Idsville NO THER'S MAIDEN NA		LAST
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S. Poges	160 WAS DECEASED EVER IN L 1485, NO OR UNKNOWN) (18	J.S. ARMED FORCES? 16b SOCIAL SE YES GIVE WAR OR DATES) 577-26	0560	Thompson Day	19 Birdsville
physicia in popers emavol. event, the	PART I. DEATH WAS	nter only one couse per line for (a), (b), CAUSED BY: MEDIATE CAUSE (a)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
carbo	Conditions, if any, wh	DUE TO, OR AS A COMBEC	SUENCE OF V		sear S
	gave rise to immedi couse (a), stating	ote	DUENCE OF >>		1
4		CANT CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	winal disease or condition G	IVEN IN PART 110
rsit permit.	190. DATE OF OPERATION	N 196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED VIFYING CAUSES OF DEATH? VES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
certificate iriol-transit entol Hygii ltem 18 sha		E OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
s the bur ond Me ked or It	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 21d. MJURY OCCURRED WHILE AT MOOR WHILE AT MOOR	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E. FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
or use as f Heolth	22s.1 certify that (1) (this safe the degrased to	hospital) attended the deceased fram		death accurred on the date and ha	, 19 6, that (I) (we) lost
DIRECT oched fo Dept. a If Item 2	77h 5 Kinaluge	1 Fr. I VATEL	DEGREE ATTENDING		22c. DATE SIGNED
shauld be deta with the State IMPORTANT: I	THE PHYSICIANE	Von Street,	PHYSICIAN 22 ADDRESS	DERECTOR PHYSICIAN	15/2//80
0 0 th 0 0	22. 0.1014. CDF 14.4710.1. DF.	NOVAL 236 DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
oks M	230 BURIAL, CREMATION, REA (SPECIFY)	5-28-86	CANADA OF CEMETER FOR CREMATOR	CITY OR TOWN	COUNTY STATE

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					STATE OF MARYLAND			
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	be of h		OR PRINT) DO CO	MIDDLE V.	TROUT	20. DATE OF DEATH	MONTH DAY YEAR 5 27 86	12 45
8	ge 4 may b ector, page irs ofter dea	3. SE:	1	White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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AND 213	n 24 hou	130 S	aryland A.		NIS 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE Rd	. 21041
MARYL	ompletely ond 2 s	L	THER'S NAME FIRST	MIDDLE STACK		MIDDLE	Ihemina Jogo	ma Kurtk
TIMORE	be execu			MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 213 34/1	763 Delores Ru.	ssiter Gle		CT. AFT C 10 2061 MATE INTERVAL NSET AND DEATH
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	he lo	RTIFIC				YES NO	IN CERTIFYING CAUSES (OF DEATH?
DIVISION OF VITAL	TO HOSPITAL OR ATTENDING PHYSICIAN: T retained by the hospital or attending physici TO FUNERAL DIRECTOR: After this certificate should be detached for use os the buriol-transi with the State Dept of Health and Mental Hygi	MEDICAL CER		P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	APW YEAR 19 21f LOCATION SIREE1 21g January 19 21g 21g January		19 66 , the steer and hour and from the control of	
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THE REST OF STREET STREET, STREET STREET, STRE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1 DECEASED NAME LAST (TYPE OR PRINT) 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALIMMORE CITY OR COUNTY OF DEATH 7h CITIZEN MARRIED NEVER MARRIED DIVORCED . WIDOWED MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES INTECHAAANI IYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 171223696 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse al, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STREET (AT HOME STREET FACTORY, OFFICE FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an ... , and that in (my) (aur) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF J be a. QIRECTOR PHYSICIAN 22e ADDRESS d b DHMH - 16 60M 7/84 (VRA 15, 4)

PET 03-1- E BE AROTAT BUILD PRAGE FELLE FERNON H- 5-141 THE Missouri Unit . The HAVE LIRUME! danapolis Linux Proposition Director Real Statement HALL CHICKE LA VERY COM TOURS OF A A THE WAY Hassin I assint hereal (BETWEEN) element sted Between Orderston Burney which was a series of the commence of the commence of

10		1	FOR	DEPART		MARYLAND H AND MENTAL H	AVGIENE		
nn.	0007	0 1.	STATE REGISTRAR			CERTIFICATE		No. 2 9	5 2
00-	0001		ECEASED NAME FIRST	WIOOFE		LAST	20. DATE KNOWN		YEAR 2b, HOUR
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	FILE	3. SI		5 DATE OF BIRTH	& AGE (IN YEARS IF L	JNDER 1 YR. IF UNDER		MONTH DAY	YEAR 24 HOUR 2:45
	DIRE DUR 72 F	N	TALE KANCASION		38 YRS.	VITHS DAYS HOURS	MIN PRONOUNCED DEAD	5/ 5/ 1	1986 P M
10	RAIL Y	70	BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COU	NTRY2	RIED NEVER MARR	9. BALTIMORE CI	Y OR COUNTY OF DE	
/ •	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 POR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET,	and I	MARYLAND	USA	WIDO	WED DIVOR	ted 🛭 Anne Aru	ndel County	
1	Y IS ILED, ILED, V	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME, OR O' STREET AGORESS)	THER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12b. KINE OR I	D OF BUSINESS INDUSTRY
1	DELAY IS NEG 3 TO THE FUN IN PAGE 5 P 9 BE FILED, W RDS, 201 W P	rest LICI	Arnold JAL RESIDENCE (IF IN NURSING HOME)	1124 Old St			AUDITOR	BOAR	O FEDUCATION
21201	ANY DELA AND 3 TO RETAIN PA OULD BE RECORDS.	130.	STATE 13b. COUN		Y OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		10
0.21	A A A S S S	-	FATHER'S NAME	ARVNDEY A	KNOLU	YES NO		STONE	CT/21012
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OR	888	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	CIAL SECURITY NO.	MARY 17 INFORMANT	ADDE	ESS O OT	1 0-4/112
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15	0503W	1	PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)		noxide Into	xication	BETWE	EEN ONSET AND DEATH
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				ral causes Accident			Undetermined monner	and in my opinion	
	KAMI ERTIFI D BE IRECI WITH		deom resoned from.	4		TITLE (SPECIFY)	Onderermined monner		
	A DOUGH		ACTUAL SIGNATURE	XIA			L MEDICAL EXAMINER	DATE SIGNED 5/	/6/86
	DIC TE		EXAMINER'S NAME	V//					
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	X_	(TYPE OR PRINT) Gre	egory R. Kauff		_ADDRESS11	1 Penn St.		
	ZUZZZW	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY	STATE
07/84 25M	BP	P	FUNERAL DIRECTOR	5-8-86 H	ILLCKES!	CEMETERY	REC'D. BY REGISTRAR 256 F	D ALLEGA REGISTRAR'S SIGNATU	NY MD
	DHMH - 17		NAME	ADORESS 495	Ritchre	Huy. 250. DATE	- 4000	Twiden-Abnde	
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Medical Strain Strain Co.

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Springly W. M. Sterman, S. C. C. C. Williams, 130 Water of Contract of the Con

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FOR

REGISTRAR

L DECEASED NAME

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

126 KIND OF BUSINESS OR hogranner 1292ZIne **ADDRESS** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) CITY OR TOWN COUNTY STATE that (I) (we) last and that in (my) (aur) apinion deoth accurred an the date and haur and from the causes stated 27), DATE SIGNED STAFF DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

YEAR

86

IF UNDER 1 YEAR

2b. HQUR

IF UNDER 24 HRS

20. DATE OF DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 9 5 EDT

	1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		DETEL D		MONTH DAY		2b HOU	
-	EDGAR		ANDERS	WA	RFIELD	MAY		3, 1986		///
	3. SEX	4 RACE		5. DATE (6 AGE (IN YEARS LAST BIRTI		NINS DAYS	HOURS	24 HRS MIN.
1	Male	White	2	Feb		87		DATS	- NOURS	20114.
4	To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	1		9 BALTIMORE CITY OF		FDEATH		
1	Maryland	USA		WIDOWE	D NEVER MARRIED D	ANNE	ARUNDI	EL COUN	YIY	MD.
A	GLEN BURNIE		HOSPITAL, NURSII		OR OTHER INSTITUTION SPITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Clerk		12b. KIND OI INDUSTRY Penn.		SS OR
	ISUAL RESIDENCE (IF NURSING HOME OF 30. STATE 13b COU		GIVE RESIDENCE BEFOR	VN	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4 Second A	ZII CODE	(Fernd 2106		- 11
1	4. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST	t	
	Edgar		Warf	ield	Ella	С.	4	Watt	S	
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT (Wi	lfe) ADDRES	SS	100		115
	(YES NO OR UNKNOWN) (IF YES, G	N/A	717.07.	7710	Mrs. Margare	et G. Warfiel	.d Sa	ame as	13	
	18 CAUSE OF DEATH (Enter of	anly one course ne	line for (a) (b) a	nd il i al	n	1		APPROXI	MATE INTER	VAI
	PART I. DEATH WAS CAUS	SED BY	motr.	Jul.	2 haus	tom a		SET WEET A C	ALL MIND	DEATH
	IMMEDIA	ATE CAUSE (a)	TICALLA	Jana	Capiul	10 1000				
		DUE TO, O	R AS A CONSEOL	ENCE OF	1			1.00		
	Conditions, if any, which	(6)	(ese	160					
	gave rise to immediate cause (0), stating the	DUE TO . O	R AS A CONSEOU	ENCE OF				11.85		
	underlying cause last	((c)								
	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN	IN PART 10	1	
	8									
7	4 19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
u	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	- 1				YES TO NOT	YES	ING CAUSES	NO [
T	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 21		
	00 00 110 110 110 110 110 110	CAIN	M. MONTH D							
1	OR CONTRIBUTING CAUSE OF D	21e PLACE	M.	19	211. LOCATION					
	WHILE NOT WHILE I		REET, FACTORY OFFICE,	FARM, ETC.)	STREET	CITY OR TOW	VN	COUNTY	51	TATE
	AT WORK AT WORK			711	107	C/11	1			
	22a.1 certify that (1) (this has	pital) ottended th	e deceased fram.	5/1/	100	, to	10 19	·	that (f) (w	ve) lost
	saw the decrared alive a	enti view the body	ofter defath. 19 d	6-0	nd that in (my) (aur) apinion	death accurred on the do	te and hour a	and from the o	causes sta	ited
	IN SIGNATURE	1/1		- 4	DEGREE	1		22c DATE	SIGNED	
	>mw	VI	100	100 10	ATTENDING	MEDICAL STAF	F			
	22d. PHYSICIAN'S NAME THE	Mainte 15	7191	ME	The ADDRESS	7845 OAKWOOL		CHITT	E 20/	1
1	0	1 0						,	204	*
	SANG K.					BURNIE, MARY	AND Z.	TOOT		
	230 BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	51	TAIE
	Burial	May 16	. 1986 F	riend	ship Cemetery	Hanover		A A Co) - M	id.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
Singleton Funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please in with the State Dept. of Health and Mental Hygiene prior to burial, are IMPORTANT: If them 21 is marked at Item 18 to an injury, or ather

ATTENDING PHYSICIAN: The low

retained by the haspital

BP.

Glen Burnie, Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AND 11 5 1966

Milks and the law

LETTER BUILDY HINCE DIFFER VILL

AND THE REAL PROPERTY AND THE PARTY AND THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH P. DECEASED NAME 26. HOUR (TYPE OR PRINT) Paul S. Watson 15, 1986 May 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH 3. SEX Male White YEAR 05 70. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH LISTATE OR FORFIGN MARRIED NEVER MARRIED MARY Anne Arundel DIVORCED 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION North Arundel General Hospital INDUSTRYMD ACADEM Glen Burnie 13e.STREET ADDRESS / ZIP GOD ANNE Aran North 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE CDITH DWARD ATSON ADDRESS Ing WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 0 W-SDOUSE - AS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISPLACE OR CONDITION G CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NOL YES [21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC ALEXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (My) (our) opinion death occurred on the date and hour and from the causes stated (did) (did not) view the body after death DEGREE 226. SIGNATURE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS (TYPE OR PRINT) d b 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Cremation May 15.1986 Security Process Inc. Catonsville 24. FUNERAL DIRECTOR 3204 Mountain Rd. DHMH - 16 50M 4/83 Pasadena, MD McCully Funeral Homes (VRA 15, 4)

Elegan alm The state of the s The state of the second of the state of the second of the MAN SUL STREET WITH PERSON OF THE STREET STREET Tourne with your 3, 10. Later to the second in the state of the second The state of the s APPLICATION OF THE PROPERTY OF MELLE TO A SERVICE OF THE PARTY OF THE PARTY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-0575 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF FUNERAL DIRECTOR.

GE 5 FOR YOUR FILES.

JED WITHIN DEATH MATED 2d HOUR DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED BaltimoMarylan USA A.A.Co. DIVORCED WIDOWED FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Hosp. onso l 13a. STATE 3d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sylvester MIDDLE Brennager 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Aurelia P. Whittington, Same 13 NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE TRANSIT , S. C. V. Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAM D BE USED AS A BURIAL-ENT OF HEALTH AND MEN) BURIAG CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HER: THIS CERTIFICATE SHC ZATE, WRITING THE WORL ORWARDED TO THE CH OR: PAGE 3 SHOULD BE U HE STATE DEPARTMENT O ND, 21201 PSHOR TO BUR YES 🗌 NO L 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK SHOULD BE FORW

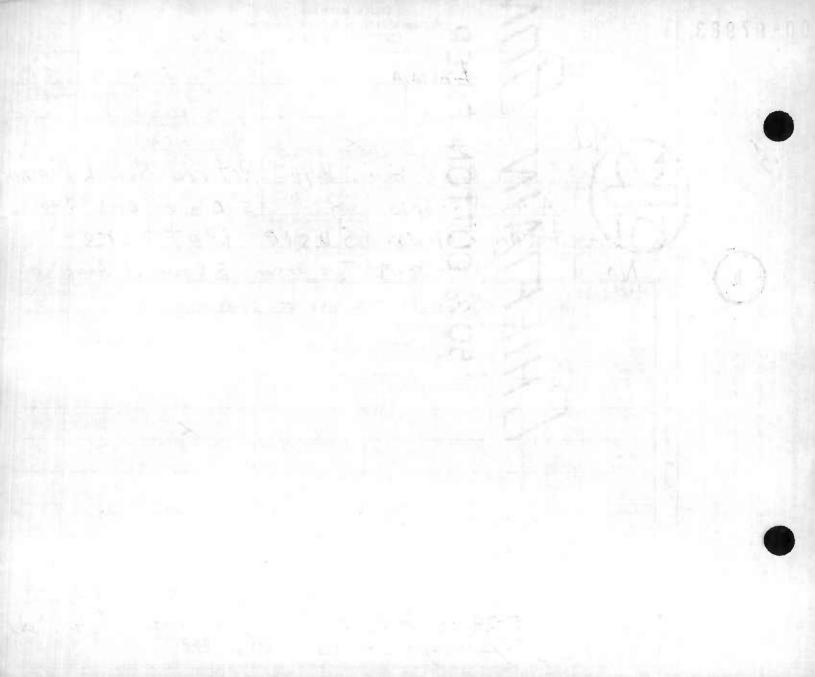
IERAL DIRECTOR: P

SEATH, WITH THE ST

ORE, MARYLAND, 3 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, M Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William P. ADDRESS 695 America Crt., Davidsonville, Md. 21035 Jones M.D. 230 BURIAL, CREMATION, REMOVAL 236 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cross Cemt. Holv Balto.A 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH - 17** E.Fort (VR A15 ME (5)) cC11

0.0 = 0.57.51 The total of the said of the s water and the company of the company Corden Arrest

Bec. S.



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

injury, or other troumotic

STATE OF MARYLAND

8	6	1	2	9	5	8
	REG. NO.	-	~	1	_	-

	1 -	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	IENE 8 6	129	58
		CEASED NAME FIRST		C.	VAF	FFU		ONTH DAY	YEAR 2b. HOUR \$33A
-	3. SE		4 RACE	e WHAT COUNTRY?	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH 75 9 BALTIMORE CITY OR	YRS.	DAYS HOURS MIN.
	. (Italy	USA		WIDOWE	A-00	Anne Aru	ndel	MD.
5		Crofton	I725 T	edbury S	treet	dr other institution	12ª USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Mort. Loan	WORKING LIFE INDI	kind of Business or ustry eaver Bros.
	13a. S	Maryland An		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES A NO	1725 Tedbu	ZIP CODE ry Stree	t21113
		Angelo	MIDDLE	Consta		15. MOTHER'S MAIDEN NA/ FIRST Catherir	ne	Gerac	LAST E
	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES) NO	GIVE WAR OR DATES	166 SOCIAL SECU 229 10		17. INFORMANT Kathy Harris	son same ad	dress as	#13
4	ATION	PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate couse Io1, stating the underlying couse lost PART 2. OTHER SIGNIFICAL	DIATE CAUSE (0). DUE TO, OF		DEATH BUT	Marin Bloc Mot related to the term IN WAS PERFORMED	lder Carci	ITION GIVEN IN P	15yrs 15yrs PART TIO
	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING		FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	YES NO XX	YES 🗀	PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK	21e. PLACE		19 ARM, ETC (211. LOCATION STREET	CITY OR TOW	N (OL	UNTY STATE
		27a I certify that (I) (this sow the deceased alive above. 1	on Ma la	10		., 19	medical STAFF	220	om the couses stated a. DATE SIGNED / 86
/		RONALD	SRO	KA		# 3 V. 1/46.	E GREEN	CROFT	rox Md.
	(BURIAL, CREMATION, REMOVE	5-21-	86 Fo	rest	EMETERY OR CREMATORY Lawn Cemeratory	NOT FOLK		
	24 FU	UNERAL DIRECTO TVes-	Pearson Fi lington, Va		me	- CIUCACO	BY REGISTRAR 2	SE PECISTRAR'S S	IGNATURE

